



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**S.J. Sharman
CLERK TO THE AUTHORITY**

**To: The Chair and Members of the Audit &
Governance Committee**

(see below)

**SERVICE HEADQUARTERS
THE KNOWLE
CLYST ST GEORGE
EXETER
DEVON
EX3 0NW**

Your ref :
Our ref : DSFRA/SJS/AGC
Website : www.dsfire.gov.uk

Date : 8 July 2024
Please ask for : Sam Sharman
Email : ssharman@dsfire.gov.uk

Telephone : 01392 872200
Fax : 01392 872300
Direct Telephone : 01392 872393

AUDIT & GOVERNANCE COMMITTEE
(Devon & Somerset Fire & Rescue Authority)

Tuesday, 16th July, 2024

A meeting of the Audit & Governance Committee will be held on the above date, **commencing at 2.00 pm in Committee Room A, Somerset House, Devon & Somerset Fire & Rescue Service Headquarters, Exeter** to consider the following matters.

S.J. Sharman
Clerk to the Authority

A G E N D A

PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS

1 Apologies

2 Minutes (Pages 1 - 4)

of the previous meeting held on 26 March 2024 attached.

3 Items Requiring Urgent Attention

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

PART 1 - OPEN COMMITTEE

4 External Audit Plan 2023-24

The Authority's new external auditor, Bishop Fleming, to give a presentation at the meeting in respect of its proposed Audit Plan for the 2023-24 audit of the Authority's financial statements.

5 Internal Audit Progress Report (Pages 5 - 16)

Report of the Assistant Director, Corporate Services (AG/24/11) attached.

6 Draft Annual Statement of Assurance 2023-24 (Pages 17 - 50)

Report of the Assistant Director, Corporate Services (AG/24/12) attached.

7 Corporate Risk Register (Pages 51 - 62)

Report of the Assistant Director, Corporate Services (AGC/24/13) attached.

8 Going Concern Review (Pages 63 - 70)

Report of the Treasurer (AGC/24/14) attached.

9 Annual Review of Authority Standards Arrangements (Pages 71 - 76)

Report of the Clerk to the Authority (& Monitoring Officer) (AGC/24/15) attached.

10 His Majesty's Inspectorate of Constabulary & Fire & Rescue Services (HMICFRS) - Update (Pages 77 - 80)

Report of the Chief Fire Officer (AGC/24/16) attached.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership:-

Councillors Roome (Chair), Biederman, Clayton, Fellows, Kendall, Kerley, Prowse, Sellis and Sproston

Independent Co-optees:

Messrs Perks and Turkington

NOTES

1. **Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the “Please ask for” section at the top of this agenda.

2. **Reporting of Meetings**

Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chair - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority.

Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

3. **Declarations of Interests at meetings (Authority Members only)**

If you are present at a meeting and you are aware that you have either a disclosable pecuniary interest, personal interest or non-registerable interest in any matter being considered or to be considered at the meeting then, unless you have a current and relevant dispensation in relation to the matter, you must:

- (i) disclose at that meeting, by no later than commencement of consideration of the item in which you have the interest or, if later, the time at which the interest becomes apparent to you, the existence of and – for anything other than a “sensitive” interest – the nature of that interest; and then
- (ii) withdraw from the room or chamber during consideration of the item in which you have the relevant interest.

If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have an interest of a sensitive nature. You must still follow (i) and (ii) above.

Where a dispensation has been granted to you either by the Authority or its Monitoring Officer in relation to any relevant interest, then you must act in accordance with any terms and conditions associated with that dispensation.

Where you declare at a meeting a disclosable pecuniary or personal interest that you have not previously included in your Register of Interests then you must, within 28 days of the date of the meeting at which the declaration was made, ensure that your Register is updated to include details of the interest so declared.

	NOTES (Continued)
4.	<u>Part 2 Reports</u> Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.
5.	<u>Substitute Members (Committee Meetings only)</u> Members are reminded that, in accordance with Standing Orders, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.
6.	<u>Other Attendance at Committees</u> Any Authority Member wishing to attend, in accordance with Standing Orders, a meeting of a Committee of which they are not a Member should contact the Democratic Services Officer (see "please ask for" on the front page of this agenda) in advance of the meeting.

AUDIT & GOVERNANCE COMMITTEE (Devon & Somerset Fire & Rescue Authority)

26 March 2024

Present:

Councillors Coles (Chair), Biederman, Fellows, Slade (Vice-Chair), Sully and Trail BEM (vice Sellis),

Independent, Co-opted Members:

Messrs. Perks and Turkington

Apologies:

Councillors Clayton, Roome and Sproston

* **AGC/23/28** Minutes

RESOLVED that, subject to an amendment to reflect that Councillor Sully had submitted his apologies and did not attend, the Minutes of the meeting held on 22 January 2024 be signed as a correct record.

* **AGC/23/29** Devon & Somerset Fire & Rescue Authority Financial Statements 2022-23:

a Statement of Accounts 2022-23

The Committee considered a report of the Director of Finance & Corporate Services (Treasurer) (AGC/24/4) to which was appended the Authority's Financial Statements (including a narrative statement and Statement of Accounts) for the financial year ended 31 March 2023.

RESOLVED that the final Statement of Accounts for 2022-23 be approved and published on the Authority's website.

*(See also Minutes *AGC/23/30 and *AGC/23/31 below)*

b Audit Findings for Devon & Somerset Fire & Rescue Authority for the Year Ended 31 March 2023

The Committee received for information a report from the external auditor (Grant Thornton) on its final audit findings on the Authority's Financial Statements for the year ended 31 March 2023.

Barrie Morriss, representing Grant Thornton, commented that this had been a very positive process this time and he thanked the Treasurer and his team for their engagement and support. He drew attention to the following points:

- There had been no adjustments made to the Authority's financial statements that resulted in an adjustment to the Comprehensive Income and Expenditure Statement;

- Having completed the Value for Money work, the auditor was satisfied that the Authority had made proper arrangements to secure economy, efficiency and effectiveness in the use of all of its resources;
- There were no significant findings to draw to the attention of the Committee; and
- Taking the above points into account, it was anticipated that an unqualified opinion would be issued.

Attention was also drawn to Appendix C of the report setting out the audit adjustments and Appendix D setting out the audit fees which were on quote.

*(See also Minute *AGC/23/29a above and *AGC/23/29c below).*

c **2022-23 Letter of Representation**

The Committee considered the Letter of Representation on the Authority's financial statements for the year ended 31 March 2023.

RESOLVED that the Committee Chair and the Director of Finance & Corporate Services (Treasurer) be authorised to sign, on behalf of the Authority, the Letter of Representation to the external auditor (Grant Thornton) on the Authority's financial statements for the year ended 31 March 2023.

*(See also Minutes *AGC/23/29a and *AGC/23/29b above).*

* **AGC/23/30 Annual Statement of Assurance 2022-23**

The Committee considered a report of the Director of Finance & Corporate Services (Treasurer) (AGC/24/5) to which was appended the final 2022-23 Annual Statement of Assurance for the Authority. The document had been prepared in accordance with relevant legislative and best practice requirements (including the Accounts and Audit Regulations, the Fire and Rescue National Framework and the CIPFA/SOLACE good governance framework).

The Annual Statement of Assurance had been amended to take account of points raised by the Committee at its meeting on 21 July 2023 and as set out at paragraph 2.1 of the report circulated. The Committee noted that the Annual Statement of Assurance had been submitted for external verification with the Authority's financial statements for 2022-23.

RESOLVED that the Annual Statement of Assurance for 2022-23 as appended to report AGC/24/5 – required to accompany the 2022-23 final accounts - be approved and published on the Authority's website.

* **AGC/23/31 Review of Journals Posted during 2023-24 Year to Date**

The Committee received for information a report of the Director of Finance & Corporate Services (Treasurer) (AGC/24/6) setting out details of the volume of journals processed (as categorised into themes) during the 2023-24 financial year as requested by the Committee at its meeting on 22 January 2024 (Minute AGC/23/24 refers).

It was noted that this request had arisen as a result of the need to ensure avoidance of risk and an appropriate degree of separation between the staff entering the journals and those authorising them, the process for which was reiterated at the meeting. It was hoped that the new financial management system, anticipated to be in place by September 2025 would address this matter from an audit perspective, albeit that this would continue to be a manual process in the interim.

* **AGC/23/32 Annual Internal Audit Report 2023-24**

The Committee received for information a report of the Head of the Devon Audit Partnership (DAP) (AGC/24/7) setting out details of the internal audit work completed during 2023-24. The report also provided any updates to the agreed plan together with a review of the work undertaken during 2023-24 and the opinion on the overall adequacy and effectiveness of the Authority's Internal Control environment.

It was noted that, based on the work undertaken during the 2023-24 financial year, the Head of Internal Audit's opinion on the adequacy and effectiveness of the Authority's internal control framework was that of "reasonable assurance". This was an improvement on the opinion of "limited assurance" received in 2022-23 which was welcomed by the Committee.

RESOLVED that the 2023-24 internal Audit Annual Report be approved.

* **AGC/23/33 Internal Audit Follow Up Report**

The Committee received for information a report of the Director Finance & Corporate Services (Treasurer) (AGC/24/8) which provided updates on the actions taken to address the findings of those internal audits with an opinion of "limited assurance" together with a summary of the actions taken to address the audit recommendations made.

* **AGC/23/34 Internal Audit Charter 2024-25 Plan and Internal Audit 2023-25 Charter and Strategy**

The Committee received for information a report of the Head of the Devon Audit Partnership (DAP) (AGC/24/9) to which was appended the proposed Internal Audit Plan for 2024-25 together with details of DAPs Audit Charter and Strategy and gave an overview of the planning process for the Internal Audit Plan for 2024-25.

RESOLVED

- (a) That the 2024-25 Internal Audit Plan as set out at Appendix A of report AGC/24/9 be approved; and
- (b) That the Internal Audit Charter and Strategy be noted.

* **AGC/23/35** **His Majesty's Inspectorate of Constabulary & Fire & Rescue Services (HMICFRS) Areas for Improvement Action Plan Update**

The Committee received, for information, a report of the Chief Fire Officer (AGC/24/10) on progress against the Action Plan to address the Areas for Improvement falling within the remit of this Committee and as identified by His Majesty's Inspectorate of Constabulary & Fire & Rescue Services following its last inspection of the Service.

The report identified one Area for Improvement – HMI-1-3-202205 (Quality Assurance of Audits and Fire Safety Checks) had been transferred to the remit of the Community Safety Committee. HMI-2.2-202207b (Response – Technology and Innovation), was currently recorded as 'In Progress – Off Track'. This area for improvement was dependent upon data from the new training recording system which was currently under development. The data would inform a risk-based approach to training utilising technology to realise efficiencies. The target completion date will be reviewed following implementation of the new system.

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.00 pm and finished at 3.40 pm

Agenda Item 5

REPORT REFERENCE NO.	AGC/24/11
MEETING	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	INTERNAL AUDIT FOLLOW UP REPORT
LEAD OFFICER	ASSISTANT DIRECTOR, CORPORATE SERVICES
RECOMMENDATIONS	<p><i>(a). That the Committee reviews the updates on progress in addressing the findings of internal audits with a limited assurance opinion to consider whether there is sufficient assurance that appropriate action has been taken in the context of the broader priorities that departments are addressing.</i></p> <p><i>(b). That, subject to (a). above, the report be noted.</i></p>
EXECUTIVE SUMMARY	<p>The Internal Audit Service provides independent assurance to the Service's senior officers and Members that governance, risk management and controls are sufficient in ensuring delivery of the Service's objectives.</p> <p>This report sets out the action taken to address the findings of audits with a limited assurance opinion.</p> <p>Good progress has been made in some areas, but the number of action timelines that have been extended is of concern, doubling in number since the last update report. Challenges with capacity and competing priorities are the predominant cause of this slippage. The Service Leadership Team recognises the current challenges in this regard and a session devoted to reviewing this issue in more detail is scheduled for 26 June 2024.</p>
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ANALYSIS	Not applicable.
APPENDICES	A: Update on addressing limited assurance internal audit reports.
BACKGROUND PAPERS	<u>INTERNAL AUDIT FOLLOW UP REPORT MARCH 2024</u>

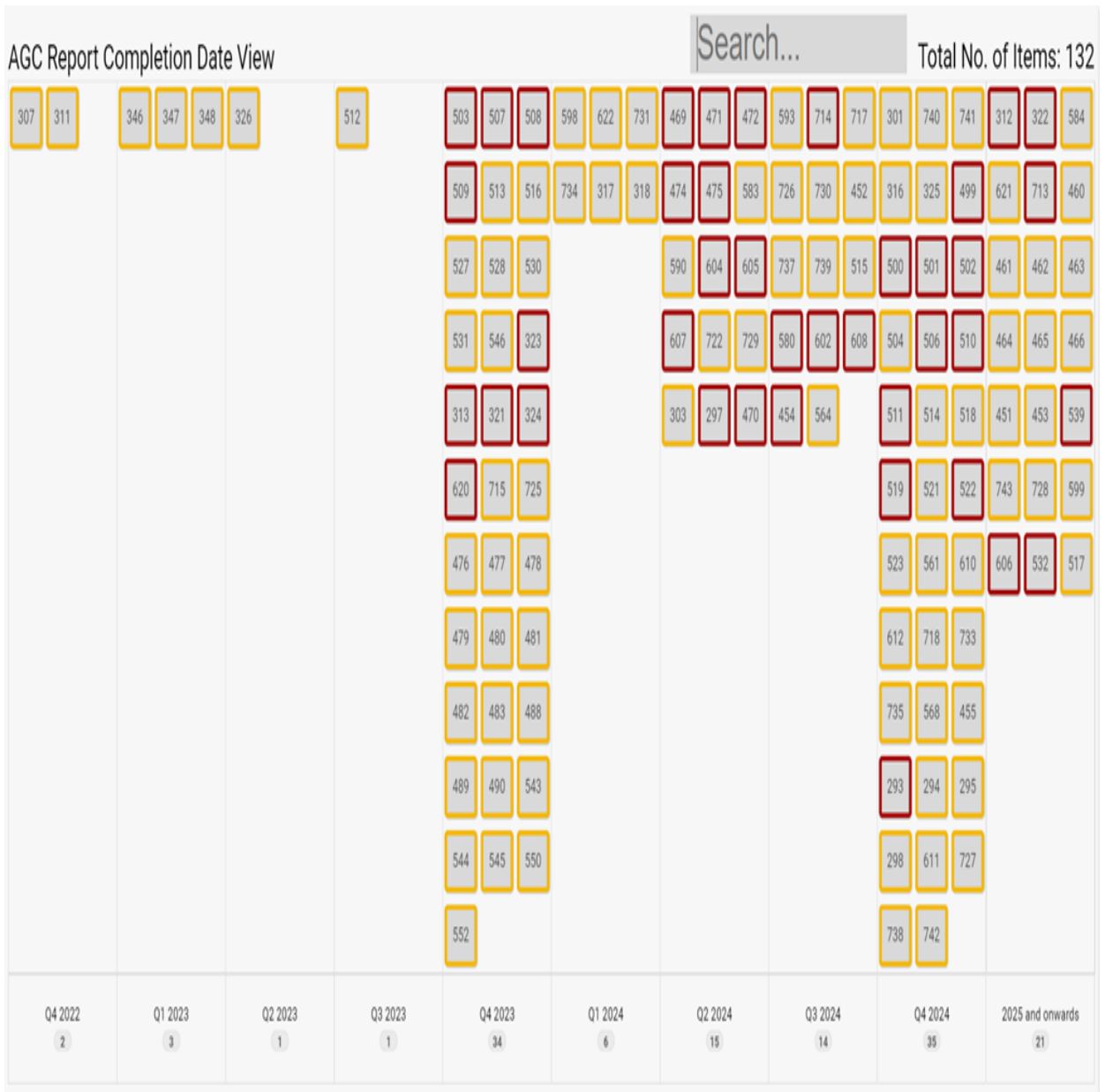
1. **INTRODUCTION**

- 1.1. The Internal Audit Plan is a significant source of assurance of the effectiveness of the internal control environment.
- 1.2. The outcomes of internal audits provide varying degrees of assurance, from significant and reasonable assurance to limited or no assurance. Where recommendations for improvements have been made within audit reports, action plans have been agreed with the management team.
- 1.3. The aim of this report is to update Audit & Governance Committee on progress in addressing the recommendations made in the reports that provided an overall limited assurance audit opinion.

2. **FOLLOW UP OF PROGRESS**

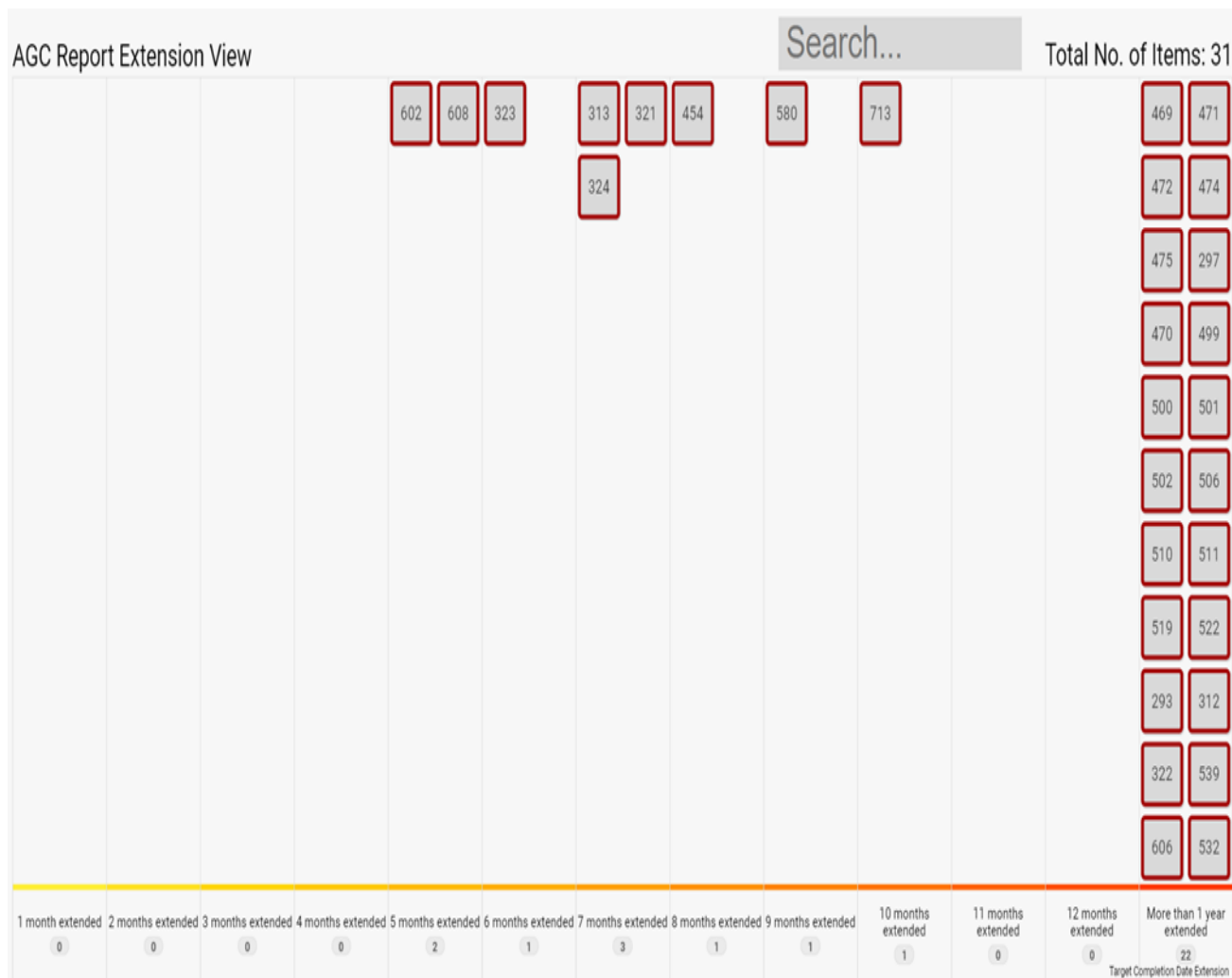
- 2.1. Good progress has been made in addressing the following two audit reports:
 - **Application of Learning:** All actions completed with the exception of three linked to the Grenfell inquiry recommendations. The action spreadsheet and supporting evidence is in the process of being updated with a view to completion by the end of September 2024.
 - **Productivity of the workforce:** The majority of the audit actions have now been completed. The Wholetime Duty System (WDS) Activities Log has been developed as an app which is hosted on SharePoint. Data is presented through a PowerBI dashboard and aligns directly to reporting for national data returns to ensure consistency. The output of this work supports understanding around whether crews are used effectively to support prevention, protection and response. As a result of data captured, improvements to processes are already being identified and acted upon. The work completed to date is due to be formally handed over to the Area Manager Response to present to Executive Board to secure support to maintain the system and develop it further. Alongside this, the Digital Data and Technology department are supporting Service Delivery by reviewing whether their electronic devices are fit for purpose. Work has also progressed to determine which of our paper-based systems could be digitised to reduce the admin burden on stations.
- 2.2. The Audit Tracker on SharpCloud records all recommendations and agreed actions arising from internal audit work.
- 2.3. Chart 1 overleaf presents the open high and medium risk priority actions for the Limited Assurance audits. On the date of reporting on 21 June 2024, there were 92 medium risk actions and 40 high risk priority actions.

Chart 1: Open actions timeline - High/Medium Risk Priority as at 21 June 2024.



2.4. Chart 2 overleaf presents the High priority actions that have had their initial planned implementation dates extended.

Chart 2: 31 High priority actions have had their initial planned implementation dates extended.



2.5. A summary of progress in addressing the recommendations made in the internal audit reports issued with limited assurance opinions are detailed at Appendix A for those reports requiring further work and where timelines have been extended.

3. CONCLUSION AND RECOMMENDATIONS

3.1. Good progress has been made in some areas, but the number of action timelines that have been extended is of concern, doubling in number since the last update report. Challenges with capacity and competing priorities are the predominant cause of this slippage. The Service Leadership Team recognises the current challenges in this regard and a session devoted to reviewing this issue in more detail is scheduled for 26 June 2024.

3.2. Progress in addressing the findings of audits with a limited assurance opinion will be submitted to Extended Leadership Team and Audit & Governance Committee until there is sufficient assurance that appropriate action has been taken.

- 3.3. It is recommended that the Committee reviews the updates on progress to consider whether there is sufficient assurance that appropriate action is being taken to address the audit recommendations in the context of the broader priorities that departments are addressing.

MARIA PHILLIPS
Assistant Director, Corporate Services

APPENDIX A TO REPORT AGC/24/11

Update on addressing limited assurance internal audit reports

Audit	Executive Summary	Update	Assurance of Progress
Community Safety – Fire Prevention 2021/22	<p>There were continued management gaps highlighted in data quality review, risk-based escalation culture, action logs and process that limited the effectiveness of fire prevention.</p> <p>The lack of accessibility of data and lack of skilled resource within the Prevention Team to analyse the Home Fire Safety data collected limited the ability of the team to be able to challenge and manage performance or to ensure that vulnerable people are re-visited. Linked to corporate red risk CR079 Inability to assure ourselves that the Home Fire Safety data created, held and reported on is correct.</p>	<p>Half of the actions are now completed or closed but further improvement is reliant on introduction of the new Community Fire Risk Management Information System (CFRMIS) which is expected to resolve the challenges with use of the Home Fire Safety App. Implementation will be in two phases. Phase 1, the ‘Protection’ scope is expected to go live by the end of September 2024, with Phase 2, ‘Prevention’ scope, including Home Safety applications planned to follow. A definitive timescale for implementation of Phase 2 has not yet been agreed. In the meantime, there have been some improvements to the App in terms of efficiency and effectiveness and this is subject to ongoing work.</p>	<p>Timelines for delivery of CFRMIS have been extended with delivery of Phase 2 hampered by the initial lack of a Business Analyst to support with requirements gathering, system design and process modelling. This resource has since been allocated but the Project Manager is currently off work. Two high priority audit actions have been extended by more than 12 months: 293 and 297.</p>
Control of working hours 2022/23	<p>This audit found that the processes and software in place to facilitate a controlled way of working, where hours worked can be monitored are not always utilised or are not used in the intended way.</p> <p>Issues were raised in the 2022 audit of the Flexible Duty System regarding staff incorrectly filling out their time sheets, signing off their own time</p>	<p>The new Human Resources (HR) system introduced an improved mechanism for absence and leave recording in January 2024. This functionality enabled managers to view and manage balances of any absences and time recording from February 2024. Communication of the new time and absence recording process was issued to all staff via the Shout Out weekly communication to set expectations around time balance</p>	<p>Whilst some progress has been made with half of the actions closed, delivery of some actions has taken longer than originally anticipated due to challenges with capacity and competing priorities. In particular, the People Department have been working hard</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>sheets or not getting them signed off at all. This audit found that there was a lack of knowledge amongst Line Managers surrounding what to look for, and how to check time sheets. There were also still incidences of staff not submitting their time sheets on time, sometimes missing several months.</p> <p>A common theme through this audit was staff feeling as if the workload was too large to fit in to a 37-hour working week. This is resulting in too much time off in lieu to carry over into the next 4 weeks and a negative impact on staff wellbeing. The culture surrounding hours worked within the Service requires improvement as it is widely accepted that to meet productivity expectations, they must work overtime.</p>	<p>management and the policy around this. The flexitime policy is currently under review and is being updated to reflect the requirements in line with the new HR system. As the HR system gains more information, reporting will assist in undertaking a review of the effectiveness of the management of leave and absence.</p> <p>The management of workload and hours worked is an individual and a management responsibility. The new Personal Performance and Development (PPD) system is expected to be introduced by the end of September 2024 and will provide a mechanism to help ensure that this is subject to regular review. The 2024 People Survey is currently underway and provides one way for the management team to monitor staff morale. Capacity and prioritisation of work is to be considered by a Service Leadership Team meeting on 26 June 2024.</p>	<p>to successfully introduce the first modules of the new HR system. One of the high priority actions has been extended by 8 months: 454.</p>
Recruitment and promotion 2022/23	<p>Overall, the service appeared to be genuinely committed to principles such as diversity and inclusion within the workplace, however more work is needed to develop and embed these principles throughout the service and to improve the ability to monitor and report on progress.</p>	<p>One of the priorities of the new Senior HR Business Partner is to refresh the HR policy framework review; this work has an anticipated timescale for completion of 12 months. The creation of a new Recruitment policy and procedure is in development with an anticipated completion date of July 2024.</p>	<p>Whilst some progress has been made with half of the actions completed or closed, delivery of some actions has taken longer than originally anticipated due to challenges with capacity, competing priorities and issues with the development of the</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>It was recognised that significant work is currently underway that in the medium term should help to improve recruitment and promotion, including the introduction of a new Human Resources system, and the development of new and updated policies and procedures. To ensure the appropriate values and principles within the framework are embedded, improvements to manager training will also need to be introduced.</p>	<p>A review of the viability of the new recruitment module in the new HR system has been undertaken. Due to several significant work arounds, process compromises and reporting concerns, the decision was made in late February 2024 to cease the development of the recruitment module and to extend the current system for a further period to enable appropriate consideration. The work to consider options and procure a new module is underway.</p>	<p>recruitment module of the new HR system. Two of the high priority audit actions have been extended by more than 12 months: 532 and 539.</p>
<p>Organisational Safeguarding Assurance 2021/22</p>	<p>Safer Recruitment is achieved through due diligence but the Service cannot currently assure itself that all areas are covered or be confident in organisational safeguarding as it is currently structured, due to changes in legislation and the requirement that enhanced Disclosure and Barring Service (DBS) checks are needed to cover more roles within the Service.</p> <p>Significant improvement work is required to be undertaken in collaboration with People Services and supported by regular mandatory meetings for accountability and ownership.</p> <p>To ensure that regulation is in place, the Service needs to review and maintain a record of concerns and follow safer recruitment procedures,</p>	<p>Training package and competency framework developed and implemented in December 2023. Over 96% of staff have successfully completed the training and this will be an annual process.</p> <p>A review of the future of the Strategic Safeguarding Board is being considered with a view to establishing a regular meeting forum by September 2024.</p> <p>The Disclosure and Barring Service (DBS) has implemented operational changes based on new legislation that came into force in July 2023. This means that all fire service staff will be eligible for more rigorous standard DBS checks, where previously basic checks were completed. In order to meet these requirements, the Service has:</p> <ul style="list-style-type: none"> • Implemented standard DBS checks for new starters. 	<p>Whilst some progress has been made in the delivery of training and developing and implementing a plan to meet the legislative changes related to DBS checks, there has been slippage in many other areas. This has been due to competing priorities for the Safeguarding Manager. Nine of the high priority audit actions have been extended by more than 12 months: 499, 500, 501, 502, 506, 510, 511, 519 and 522.</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>including DBS checks. There is also a need to ensure that all staff are aware of their responsibilities by line managers updating and aligning job descriptions (some that have not been reviewed for years) to accommodate Safeguarding, and or, safeguarding tasks.</p>	<ul style="list-style-type: none"> • Identified roles that require enhanced DBS checks for staff who interact with people at risk or have access to critical information. • DBS check process review underway with timeline to undertake all staff standard DBS rechecks and to determine at what frequency the rechecks should be completed. The timeline to complete this is anticipated to be 18 months. <p>Priorities now include launch of the Recruitment policy, development of the Safeguarding strategy, policy and processes and continued implementation of the revised DBS check process.</p>	
<p>Information Security – Availability of Systems 2021/22</p>	<p>There are a number of areas that present risks to the Service’s IT resilience and recovery should a significant security incident occur. These are by no means limited to IT Services themselves, and in some cases relate to broader corporate practices that could be strengthened. A number of recommendations were made to support the Service in increasing its IT resilience and recovery abilities, notably; increasing cyber threat knowledge at Senior and Member level to support and inform decision making; establishing an IT Security Board; ring fencing IT budget for specific IT security; testing cyber response plans; establishing knowledge management practices to</p>	<p>An initial cyber incident workshop took place in February 2024 which identified that good measures are in place. From this we have completed a review of all ISO and Cyber Assurance Framework actions and are working with partners to address these.</p> <p>Digital, Data and Technology (DDaT) staff are being upskilled to be able to respond effectively in the case of a cyber-attack.</p> <p>Cyber awareness sessions for middle managers took place in May 2024 and a cyber escape room exercise is planned for DDaT staff in July 2024.</p> <p>Following a recovery plan workshop with Gallaghers, a full review of a Disaster Recovery Plan is scheduled in July 2024.</p>	<p>Good progress has been made with just under half of the actions now closed. One of the high priority audit actions has been extended by more than 9 months (580) and one by more than 12 months (606) due to challenges with competing priorities.</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>minimise the risk of knowledge silos; greater integration between IT operational risk management practices and Corporate risk management; establishing a formal threat identification, management and response framework, including reporting to all relevant parties; evaluating requirements for disaster recovery provision; full data / system restores programme to provide assurance in relation to the effectiveness of the backup processes and ability to restore; and the need to review the Services cyber insurance provision.</p>	<p>There has been no movement in the insurance market for cyber removing this as one of our mitigation measures, so we are concentrating on awareness raising of cyber-attacks across the organisation.</p>	
Use of Data 2021/22	<p>The audit confirmed that there is a need to improve the use of data across the service. Officers within key service areas expressed concern over the data that they use to deliver services and whilst these views were to some degree anecdotal, repeating themes were being raised which clearly form a consensus regarding the need to improve the use of data for service delivery. Data systems are often impeded by a distinct lack of transparency, with service areas unable to extract relatively straightforward management information. There is a reliance on specialist teams and in house developed dashboards, to provide an</p>	<p>DDaT has introduced a new business relationship function, including a digital trainer. The role will support the development of digital skills across the service in the next 6 months.</p> <p>Data governance is currently under review. A new Information and Data strategy is being developed, which will create new data standards and data sets. Through the review, DDaT is in the process of completing a review of primary data sources through a system mapping process.</p> <p>Work has progressed with community safety teams to improve our data and this will be an ongoing piece of work.</p>	<p>Progress has been made but there is a significant amount of work to be undertaken and this has to be achieved alongside many other competing priorities hence slippage in some areas. One of the high priority audit actions has been extended by 10 months: 713.</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>element of reporting functionality. Root causes for the issues highlighted by key officers are often not straightforward but could consist of multiple elements which may be partly technical, cultural, internal or external.</p>	<p>The need for reporting is constantly evolving, driven by new legislation, projects, initiatives, and technology. Reporting systems must be designed to constantly adapt. This needs to apply not only to the technology, but its implementation and the processes and people that support it. A phased approach to the implementation and development of reporting systems has therefore been proposed. This will be focussed on early delivery of key requirements to deliver value and develop inhouse skills using standard industry technology (Power BI). We will align reporting and data systems with key initiatives such as the NFCC Fire Standards and the UK Government Data Quality Standards.</p> <p>Subsequent phases of work will improve flexibility and efficiency to deliver a flexible and agile reporting service.</p>	
<p>Personal Protective Equipment (PPE) 2021/22</p>	<p>The Service could not fully assure itself that adequate training is provided in how to use, store, and maintain PPE in accordance with the PPE at Work Regulations 1992.</p> <p>Examples were identified of staff wearing incorrect PPE to an incident or using it in a way that increases the risk of injury. This suggests that if training is taking place, refresher sessions and management</p>	<p>Structural PPE technical information for coat and trousers and Breathing Apparatus training manuals are in place. The Skills Dashboard includes the PPE helmet video and the Operational Assurance team monitor issues related to wearing of PPE at incidents.</p> <p>Further eLearning training on the fit and use of structural and lightweight PPE has not yet been developed due to the need for the team to focus on development of</p>	<p>The capacity of the Academy teams to develop training packages has impacted delivery of the actions. Three high priority actions (313, 321 and 324) have been extended by more than 7 months and two by more than 12 months (312 and 322)</p>

Audit	Executive Summary	Update	Assurance of Progress
	<p>intervention are required to maintain a higher level of assurance of compliance.</p> <p>Policies and procedures meet legislative requirements. However, there was a lack of assurance that they are read and understood by relevant members of staff.</p> <p>The storage of PPE varies across stations with PPE either stored in the appliance bay or a designated area. A lack of segregation of clean / dirty PPE and storing PPE in the appliance bay does not comply with regulations.</p>	<p>other training related to HAZMAT, lithium ion, Operational Risk Information, bariatric, explosives and information assurance which have been determined as higher priorities.</p> <p>Group Commanders are being reminded to check the completion of PPE logbooks.</p>	<p>with four of these related to training.</p>
Flexi Duty Rota 2021/22	<p>The audit concluded that the FDS, as operated within the Service, may not always be in the spirit in which the system was intended. Contingencies which the Policy states should be exceptional, have in many cases become the norm. There are potential risks to officer welfare and to the effective delivery of incident response.</p>	<p>The Flexi Duty Officer rota is currently being reviewed with a view to implementing a revised rota in January 2025. The policy has been reviewed.</p>	<p>Timelines have slipped because actions are reliant on implementation of a revised Flexi Duty Officer rota planned for January 2025.</p> <p>Six of the high priority audit actions have been extended by more than 12 months: 469, 470, 471, 472, 474 and 475.</p>

Agenda Item 6

REPORT REFERENCE NO.	AGC/24/12										
MEETING	AUDIT & GOVERNANCE COMMITTEE										
DATE OF MEETING	16 JULY 2024										
SUBJECT OF REPORT	DRAFT 2023-24 ANNUAL STATEMENT OF ASSURANCE										
LEAD OFFICER	ASSISTANT DIRECTOR,CORPORATE SERVICES										
RECOMMENDATIONS	<p>(a). <i>That the draft Annual Statement of Assurance appended to this report - required to accompany the 2023-24 final accounts – be approved in principle subject to the caveat that section 18 is subject to completion of the external audit work; and</i></p> <p>(b). <i>that the draft Annual Statement of Assurance be submitted to the External Auditor alongside the draft Statement of Accounts for the same financial year.</i></p>										
EXECUTIVE SUMMARY	<p>To comply with both Accounts and Audit Regulations and the Fire & Rescue Service National Framework, the Authority is required to produce and publish an Annual Statement of Assurance on financial, governance and operational matters and show how the Authority has had regard to both its Integrated Risk Management Plan (now Community Risk Management Plan) and the expectations in the Fire & Rescue Service National Framework.</p> <p>The Annual Statement of Assurance is primarily backward looking but also features an action plan to address, in the forthcoming financial year, any significant governance issues identified as part of the review process.</p> <p>The draft Annual Statement of Assurance for 2023-24 will be submitted, along with the draft 2023-24 Statement of Accounts, to the Authority’s external auditors for review.</p> <p>The Committee is asked to note that section 18 on page 19 is subject to completion of the external audit work.</p> <p>Progress in delivering the action plan at Appendix A is set out in the table below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Status</th> <th>Number of Actions</th> </tr> </thead> <tbody> <tr> <td>New action</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Completed</td> <td style="text-align: center;">3</td> </tr> <tr> <td>On Track</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Revised Timeline</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	Status	Number of Actions	New action	1	Completed	3	On Track	6	Revised Timeline	8
Status	Number of Actions										
New action	1										
Completed	3										
On Track	6										
Revised Timeline	8										

	<p>The actions with a revised timeline and the extensions applied are as follows:</p> <ul style="list-style-type: none"> • Information Governance Strategy - 12 months. • Home Fire Safety Visits - 6 and 9 months. • Service Delivery Strategy - 6 months. • Phase 3 of the asset management project - 3 months. • Health & Safety - 6 months. • Implement the Target Operating Model and underpinning plans - 9 months. • People strategy - 3 months. <p>The revisions reflect a need to manage competing work priorities.</p>
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ANALYSIS	The contents of this report are considered compatible with existing equalities and human rights legislation.
APPENDICES	A. 2023-24 Annual Statement of Assurance DRAFT
BACKGROUND PAPERS	The Accounts & Audit Regulations 2015 (as amended) The Fire & Rescue Service National Framework for England



DEVON &
SOMERSET
FIRE & RESCUE SERVICE

Devon & Somerset Fire & Rescue Authority

2023-24

DRAFT Annual Statement of Assurance

/2022

Devon & Somerset
Fire & Rescue Authority

Contents

Contents	2
1 Introduction	3
2 Identification and assessment of risk	4
3 Prevention	4
4 Protection.....	5
5 Response and Resilience	7
Over the Border Mutual Aid Arrangements	8
Civil Contingencies.....	9
National Resilience.....	10
Collaborative and Partnership Working	10
Fleet, Equipment and Water Supplies	11
Estates	12
Service Improvement and Assurance.....	12
6. People and Culture	13
Commitment to Health and Safety.....	14
7 Governance	16
8 Future Improvements.....	24
9 Conclusion	25
APPENDIX A TO REPORT – ACTION PLAN.....	26

1 Introduction

1.1. The Devon and Somerset Fire and Rescue Authority (the Authority) functions within a clearly defined statutory and policy framework. The key documents setting this out are:

- Fire and Rescue Services Act 2004
- Civil Contingencies Act 2004
- Regulatory Reform (Fire Safety) Order 2005
- Fire Safety Act 2021
- Fire and Rescue Services (Emergencies) (England) Order 2007
- Localism Act 2011
- Accounts and Audit Regulations 2015
- Fire and Rescue National Framework for England 2018
- Health and Safety at Work etc Act 1974, and associated regulations

1.2 In addition, other key statutes include:

- Local Government Act 1972
- Local Government Finance Act 1988
- Local Government and Housing Act 1989
- Local Government Finance Act 1992
- Local Government Act 2003

1.3 Within this statutory framework, the Authority has three main responsibilities: to determine a strategic policy agenda for its area; set a budget to fund delivery of the policy agenda; and to undertake scrutiny to ensure that intended outcomes are being achieved efficiently, effectively and in accordance with statutory requirements. The Authority creates the organisational capacity to 'operationalise' these responsibilities through the Devon and Somerset Fire and Rescue Service (the Service), which is led by the Chief Fire Officer.

1.4 The Authority is required to:

- Ensure that there is a sound system of governance in place.
- Ensure that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for.
- Meet its duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- Prepare an annual governance statement in support of its Statement of Accounts in line with the Accounts and Audit (England) Regulations 2015. This sets out the measures taken to ensure appropriate business practice, high standards of conduct and sound governance.

- Publish an annual Statement of Assurance as required by The Fire and Rescue National Framework for England (May 2018). The statement should outline the way in which the Authority and its Fire and Rescue Service has had regard to the Framework for that period. Each Authority must also provide assurance to their community and to government on financial, governance and operational matters.
- 1.5 The Authority has agreed that the most appropriate way to meet both the National Framework and the Accounts and Audit (England) Regulations 2015 requirements is through the creation of one assurance report entitled 'Annual Statement of Assurance'. The Annual Statement of Assurance details the approach for how the Authority has developed and applied its governance framework in accordance with statutory responsibilities.

2 Identification and assessment of risk

- 2.1 The Authority has a statutory duty to produce a [Community Risk Management Plan](#) (CRMP). The CRMP covers the period 2022-2027 and sets out the key challenges and risks facing local communities and how the Authority intends to meet and reduce them. It demonstrates how protection, prevention and response activities have and will be used collectively to prevent and/or mitigate fires and other incidents. A full consultation process took place prior to development and publication of the CRMP.
- 2.2 Since the launch of the CRMP in April 2022, the Service has developed Local Community Plans (LCPs) for each of the Service's fire stations. Each plan is unique to that station and incorporates information on community profiles which provides a comprehensive picture of a station's geographical area, risk, station availability and incident information.
- 2.3 The premise of the LCPs is to help stations to understand their local risk profile and to support planning and performance within the Service's key business areas, which will underpin the mitigation of risk and improve community safety.
- 2.4 A process to undertake annual reviews of the CRMP and LCPs is being developed for implementation in 2024-25.
- 2.5 Understanding the risk of fire and other emergencies was rated as good by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in their 2022 inspection report.

3 Prevention

- 3.1 The CRMP provides a high-level overview of the Service's prevention activities with the detail provided in the Prevention Plan 2023-2026.
- 3.2 Prevention activities include delivery of education programmes in schools, and interaction with children and young people through cadet schemes and through the Fire Intervention team who work with young people who have a fascination with fire or have set fires.

- 3.3 The Road Safety team have delivered 126 events including Learn to Live presentations in schools and colleges throughout Devon and Somerset, Biker Down presentations and Streetwise, and have engaged with c25,000 participants. The team has secured £30,000 funding from Vision Zero South West towards a new engagement vehicle and £20,000 to undertake some parental evaluation of our interventions. In addition, the team is the thematic lead for Young Drivers across all fire and rescue services in the UK.
- 3.4 In addition to supporting the National Fire Chiefs Council's national prevention campaigns, the Service delivered campaigns focused on the cost of living, outdoor safety including wildfires and most recently our 'treasured people' campaign which focussed on reducing false alarms. Our 'How to use a throwline' YouTube video is now used by Devon and Cornwall Police for their in-house staff training. The Service also shares partnership newsletters with messages subsequently appearing on social media channels which helped to get our safety messages to the most vulnerable audiences.
- 3.5 Home fire safety checks are provided for those identified to be in our higher risk groups providing advice and ensuring that smoke alarms and other equipment are available. The home safety team works with over 350 partners to obtain referrals for home safety visits targeting those with risk factors such as mobility, disability and mental health issues. During 2023-2024 over 18,000 home fire safety checks were completed.
- 3.6 The Service is committed to its legal duties and responsibilities with regard to ensuring that safeguarding is in place. The Safeguarding Strategic Board aims to ensure that the Service proactively meets the needs of its communities and to drive timely and specific action to provide a sustained improvement in all aspects of safeguarding within the organisation. Mandatory Service-wide 'Tier One Universal' Safeguarding Training has been implemented to provide a basic understanding of safeguarding and associated employee responsibilities. A Safeguarding Competency Training Framework has also been created to identify the correct level of training for each position within the Service; enhanced Tiered training will be implemented during 2024-2025. The Safeguarding Manager and the Head of People Services are working to comply with the recent legalisation change to ensure that all employees within the Service have the correct level of DBS checks.
- 3.7 The Service was rated as good at preventing fires and other risks in the 2022 HMICFRS inspection report.

4 Protection

- 4.1 The CRMP provides a strategic high-level overview of the Service's approach to protecting people within the built environment through regulation and protection activities. The Service is the Enforcing Authority for the Regulatory Reform (Fire Safety) Order 2005 and a statutory consultee as part of the Building Regulations process. The Service has signed up to a Building Safety Regulator Southwest Regional Memorandum of Understanding which was signed in February 2024 to confirm the regional arrangements for our future Protection work assisting the Building Safety Regulator in higher risk buildings.

- 4.2 The Risk Based Inspection Programme 2021-2024 supports the identification and targeting of the highest risk buildings most likely to have vulnerable occupants through unfamiliarity and / or their mobility. Operational Crews and Specialist Fire Safety Inspectors have successfully completed 2,622 fire safety checks and 856 fire safety audits in 2023 - 2024. A proportional approach is taken utilising fire safety checks at normal risk buildings and fire safety audits at higher risk buildings that have the potential to cause significant harm and / or loss of life in the event of a fire. This proportional but targeted approach is demonstrated through a high level of unsatisfactory / non-compliance outcomes which allows the Service to improve the safety of occupants. The Service uses its full powers as an Enforcing Authority issuing formal notices as appropriate, including prosecuting those that knowingly allow dangerous fire safety standards, including putting profit before safety. On average, the Service brings four cases per year for prosecution with a 100% success rate of holding individuals and companies to account. Formal Notices such as enforcements, alterations and prohibitions are available to view on a public register on the Service's [website](#).
- 4.3 A dedicated Fire Safety Helpdesk supports all members of the local community, providing compliance support for new and small businesses, providing technical advice and giving residents a voice to report fire safety concerns directly to a regulator. Any concerns or intelligence received are formally logged, assessed by a Fire Safety Inspector for appropriate action and when required, anonymity maintained. All fire safety concerns are assessed in conjunction with the Duty Fire Safety Manager and actioned as appropriate based on life risk.
- 4.4 The Protection teams work closely with partners such as the local authority housing team, NHS and the Care Quality Commission to ensure that residents are kept safe in residential flats, hospitals and care homes. They also work closely with the Prevention Team undertaking joint work as appropriate, the most recent example being during the Building Risk Review, inspecting all High-rise residential blocks with Home Fire Safety Technicians also attending and offering Home Fire Safety Visits.
- 4.5 The Protection Team is trained and developed in line with the National Fire Chiefs Council Competence Framework for Fire Safety Regulators including additional qualifications for specialist roles such as fire engineering. In addition, and in line with the wider sector recommendations, senior inspecting officers and managers are also undertaking third party accreditation with the Institution of Fire Engineers and the Contextualized Auditors Register.
- 4.6 An effective fire and rescue service will identify and assess the full range of foreseeable fire and rescue risks its community faces. It should target its fire prevention and protection activities to those who are at greatest risk from fire and make sure fire safety legislation is being enforced. When the public calls for help, it should respond promptly with the right skills and equipment to deal with the incident effectively. The Service's overall effectiveness was assessed as good in the 2022 HMICFRS inspection report with a rating of good for protecting the public through fire regulation. However, the report identified that the Service needs to be better at undertaking quality assurance and evaluation of Prevention and Protection activities. Quality Assurance and Evaluation Officers have now been appointed to identify and support future improvements. Protection has a Quality Assurance Policy and Guidance in place with the Fire Safety Manager in each area overseeing this. The Quality Assurance Manager is also auditing each area by 1 July 2024 to ensure that teams are working in line with the Quality Assurance Policy.

5 Response and Resilience

- 5.1 The CRMP provides a high-level overview of the Service's response arrangements.
- 5.2 The Service was rated as good at responding to fires and other emergencies and responding to major and multi-agency incidents in the 2022 HMICFRS inspection report.
- 5.3 Response plans are in place for different incident types to ensure that the most effective response is provided to an emergency call. Fire Control can also apply 'Dynamic Mobilising' to revise the response plan by adding or removing resources depending upon the information that they receive. If the response is changed, this is recorded on the incident along with the rationale for that decision. A review of response plans is underway to ensure that they are still current and aligned to task analysis and equipment, ensuring effective and efficient responses.
- 5.4 A Dynamic Coverage Tool has been purchased and is expected to go live in June 2024. This will look at risks, including cross border risks, identify available appliances and suggest which to move to enhance availability to keep our communities safer.
- 5.5 The Service has signed the Southwest Regional Cross Border Exercising Memorandum of Understanding, training with five other fire and rescue services. The aim is to clearly identify the roles and responsibilities of all named fire and rescue services as they relate to the delivery of cross border operational exercising and risk information sharing within the geographical areas covered by those services. The intent is for services to exercise on risk jointly, debrief jointly and feed into Operational Assurance processes.
- 5.6 Processes are in place to ensure that crews have access to the most up to date operational risk information on their mobile data terminals. An improved exercising strategy is now in place and crews will exercise against operational risk from 2024-25.
- 5.7 Through its Training Academy, the Service has enabled the delivery of quality assured training to its staff to improve safety and overall effectiveness. The quality of operational training is assured via a combination of Operational Assurance feedback from incidents and attended assurance visits from Flexi Duty Officers to on-call and wholetime station training sessions. From 1 April 2024, assurance will also be provided via annual audits conducted through the Skills for Justice Quality Assurance Framework.
- 5.8 Development Firefighters on the apprenticeship scheme have training assured via the Service's main provider, Bridgwater and Taunton College, and the associated OFSTED assessment. Non apprentice development firefighters are aligned to the same programme. A training quality assurance framework has been created which includes a sampling strategy focused around the 'Operational licence' skills which include Breathing Apparatus, Driving, Incident Command System, Maritime, Casualty Care, Safety at Height and Confined Spaces, Water Rescue and Fitness.

- 5.9 Training delivery continues to be aligned to National Operational Guidance via eLearning training packages, practical training sessions and Academy facilitated assessments. The Firefighter development and maintenance of skills programme is fully aligned to National Operational Guidance. Confirmation of learning is achieved via knowledge checks after each eLearning package. The maintenance of skills recording system (due to launch in June 2024) will provide assurance that skills are demonstrated to the correct standard and frequency through programmed training, incidents and exercises.
- 5.10 The Service continues to explore new ways of delivering training. The successful roll out of locally delivered Incident Command Training is an example of improved efficiency in training delivery with less time spent travelling to location and training hours being utilised in more succinct delivery. This model of delivery reduces the impact on the environment by reducing the number of vehicles travelling to training events and also shortening these journeys.
- 5.11 The Service currently has 522 operational personnel qualified to command incidents at varying levels.
- 5.12 The Academy currently delivers localised Incident Command System (ICS) assessments to maintain skills and competence for Level 1 Commanders in addition to the ICS related content on the eLearning portal available to stations. The Service's Joint Emergency Services Interoperability Programme (JESIP) 3rd Edition Awareness online learning package was launched in September 2022 as an annual requirement.
- 5.13 Level 2 and 3 Commanders are revalidated every 2 years with 95% of the scenarios used based on an area or risk in Devon or Somerset. All Level 2 and 3 Incident Command Acquisition courses are Skills for Justice Accredited and aligned to National Operational Guidance. Level 2 and 3 Commanders also attend a multi-agency JESIP course every 3 years.
- 5.14 As the Service continues to work to align to National Operational Guidance, the new Level 4 ICS Acquisition course was implemented in June 2023 with four individuals having completed the course and four more starting the course in April 2024.
- 5.15 The Service has a physical fitness policy and four dedicated fitness advisors in post to support firefighters to attain and maintain the fitness standards that are required. Firefighters are also supported by three fitness advocates who provide an additional fitness role and are qualified to a minimum of a Level 2 gym instructor. A data management system is used to provide assurance that fitness requirements are being met, reviewed, and evaluated. Compliance data is reported to Strategic Safety Committee.

Over the Border Mutual Aid Arrangements

- 5.16 Sections 13 and 16 of the Fire and Rescue Services Act 2004 allow mutual assistance arrangements to be agreed with neighbouring services to improve resilience and capacity in border areas. The Authority has in place contractual agreements with neighbouring fire and rescue authorities for response to incidents requiring their support.

- 5.17 In addition to sections 13 and 16, there is a partnership agreement between the Service and Dorset and Wiltshire and Hampshire and Isle of Wight Fire and Rescue Services to provide a common, networked mobilising system with the principle of ensuring that the response mobilised to an incident is always the nearest and most appropriate resource(s) based upon travel time and attributes (i.e. having the necessary skills or equipment) to deal with the incident. This Networked Fire Services Partnership (the Partnership) also has the benefit of providing business continuity so that in the event of one control room experiencing a high volume of calls or being unable to function, either of the other two control rooms can conduct all of their emergency business, including call handling, mobilising resources, and supporting incidents. The Service is currently working with the Partnership to tender for its new mobilising system requirements.
- 5.18 An Information Governance Partnership Group meets regularly to review the governance procedures and monitor current and emerging risks to the information that the Partnership system holds. A risk remediation plan is in place to ensure that security risks are managed effectively and there is an annual IT health check for assurance. The external system supplier is responsible for remediating any high-risk vulnerabilities. This supports the Authority's compliance with the Airwave Code of Connection, and the upcoming Emergency Services Network which is due to replace the Airwave service.
- 5.19 The Partnership has committed to scoping further collaboration opportunities that will support all three services in achieving increased effectiveness and efficiency as well as sharing and developing good practice. The Partnership is currently expanding the mobilising solution to include Kent Fire and Rescue Service formally including them as a fully functioning fourth partner fire and rescue service. The inclusion of Kent Fire and Rescue Service will expand the resilience of the current mobilising system and backups, as well as offer financial efficiencies.

Civil Contingencies

- 5.20 The Emergency Planning Team is the primary means through which the Service meets the Authority's obligations in the Civil Contingencies Act 2004 and elements of the Fire Services Act 2004.
- 5.21 Effective arrangements are in place to collaborate with partners through Local Resilience Forums and other national, regional and local networks dealing with resilience and emergency and contingency planning arrangements. This includes collaboration with the South-West Malicious Risk Working Group, Counter-Terrorism Police South-West, and other local and national constabularies (Devon & Cornwall Police, Avon and Somerset Police, British Transport Police and the Civil Nuclear Constabulary).
- 5.22 The Emergency Planning Team also works in close collaboration with the Service's National Interagency Liaison Officers (NILO) Team in respect of risk, response and contingency arrangements for key events or sites of sensitivity (local and critical national infrastructure, hazardous materials etc).

National Resilience

- 5.23 National Resilience comprises of several specialist capabilities, funded and assured by the Government via the Home Office. The Service hosts the following capabilities from a wide range of stations.
- Urban Search and Rescue (USAR).
 - High Volume Pumping.
 - Enhanced Logistics Support.
 - Mass Decontamination.
 - Marauding Terrorist Attack Specialist Response (MTA).
 - Flood Rescue.
- 5.24 In line with the Joint Emergency Services Interoperability Principles, the NILO cadre supports collaborative working with key partner organisations. NILOs provide specialist advice about the Service's operational capability and capacity to partners and supports both the planning for intelligence led operations and the response to dynamic incidents.
- 5.25 Whilst the national planning assumption is for a 'lite' Marauding Terrorist Attack team to be in place in Devon and Somerset, the Service leadership supported by the Fire Authority have increased capability above this minimum provision and has trained additional responders in both Plymouth and Exeter to help improve attendance times and casualty outcomes.
- 5.26 This Marauding Terrorist Attack capability has been established to support specialist emergency service response alongside Police and Ambulance responders in response to a marauding terrorist attack incident within the Authority area or, under National Mutual Aid, to any other location within the UK as requested. The overall aim is to save life, and the two main strands of fire and rescue support during this type of incident are for casualty care and fire hazards management.
- 5.27 The Marauding Terrorist Attack capability is made up of two key groups, NILO qualified officers who would adopt the command role and Specialist Response Team Operatives. Both groups undergo specialist training for responding to the Marauding Terrorist Attack threat.
- 5.28 The Hazardous Materials capability has been enhanced by a set of Raman (laser) and Infrared spectroscopy chemical identification equipment enabling swifter resolution of incidents involving unknown chemical substances and reduced disruption to the community.

Collaborative and Partnership Working

- 5.29 The Service continues to strengthen its partnership working with other fire and rescue services, blue light services, local authorities, community groups and other organisations by working to common objectives at the local, regional and national level. The improvement of prevention and protection work is a major priority, and the Service also contributes to wider community objectives identified in Local Area Agreements where appropriate.

- 5.30 The Tri-Service Safety Officer (TSSO) role is a collaborative asset within the community. The TSSO being introduced into Holsworthy is a pioneering role from the present method of working, delivering positive interventions to improve the safety, health, and the wellbeing of vulnerable people. This role works with partners including the NHS (local GP surgeries) and Police identifying those with the highest risk, at the same time as being able to respond to category one medical emergencies and complementing fire service crewing. Funded and managed between Cornwall Fire and Rescue Service, Devon and Somerset Fire and Rescue Service, Devon and Cornwall Police and South-Western Ambulance Service NHS Foundation Trust, this is an example of adapting to changing demands. Future funding is being sought from the NHS Integrated Clinical Board.
- 5.31 Collaborative working continues to grow through the South-West Emergency Services Collaboration (SWESC). The SWESC Tactical Group meets quarterly. The SWESC Strategic Group will be re-introduced in the latter half of 2024.
- 5.32 At a tactical level the Collaboration and On Call Support Team are key stakeholders at both the SWESC partnership and South-West Fire Sector working group. A dedicated police collaboration Sergeant is available to liaise with on joint initiatives with Devon & Cornwall Police.
- 5.33 The Service continues to share good practice and to scope areas of joint improvement. Community Responders (the dual role of a firefighter and special constable) are now permanent shared roles and are an example of innovative working where shared learning and comparison of benefits with other shared roles is undertaken.
- 5.34 The Authority has a formal partnership agreement in place with South Western Ambulance Service to provide a co-responder medical response (an initial medical provision to stabilise casualties in life-threatening emergencies prior to the arrival of the ambulance service). Work is continuing to review training, procedures, and equipment, with the goal of improving clinical governance as well as improving efficiency and effectiveness. This work is being done collaboratively with South Western Ambulance Service and other fire and rescue service colleagues across the South-West Fire Sector, for both clinical governance and the co responding memorandum of understanding.

Fleet, Equipment and Water Supplies

- 5.35 The Fleet and Equipment Strategy and plans are agreed for 2023-2028 with vehicle replacements and relocation of vehicles ongoing. The management and maintenance of vehicles and equipment is in accordance with relevant legislation and the National Fire Chiefs Council (NFCC) Best Practice Manual. Vehicle telematics have been installed on all light support vehicles with consideration for introduction on operational vehicles underway. We are collaborating with NFCC on Personal Protective Equipment (PPE) replacement in readiness for changes to PPE within the Service. The Service adopts the National Guidance Document for Water for Fire-fighting purposes and has installed a new hydrant management system.

Estates

5.36 The Service has an Estates strategy for 2024-27.

5.37 The Service's Estate totals 107 buildings / sites (including Fire Stations, training, fleet maintenance, office accommodation, residential properties and storage facilities) of which a number of buildings were constructed within the period where Reinforced Autoclaved Aerated Concrete (RAAC) was frequently used (from the mid-1960's to at least the mid-1980's, as referenced in the "Safety Issues Regarding Reinforced Autoclaved Aerated Concrete (RAAC) - FRS Estates and Assets"). 25 buildings were identified as falling within this time frame. Site inspections confirmed that there was no RAAC present within the main structure of these buildings. As such, we are generally satisfied that there is no risk posed to the Service from RAAC within our existing property portfolio.

Service Improvement and Assurance

5.38 The Fire Standards Board has been set up to oversee the identification, organisation, development, and maintenance of professional standards for fire and rescue services in England. There are currently 16 'live' fire standards. The board has developed an Implementation Tool for each standard to assist fire and rescue services in planning, delivering, and reporting on their implementation. The tools also help services record actions needed to be taken to move towards achieving the desired outcome of each standard and provide a benchmark from which progress can be measured. Each standard has several criteria for department leads to assess against to define what needs to be done to achieve compliance.

5.39 The Service has a Fire Standards SharePoint page where the implementation tool for each standard is hosted. Each of the 16 implementation tools are currently being completed by department leads. The Policy, Procedure and Guidance Team are working with the service HMI team in compiling a master list of requirements from Fire Standards and National Operational Guidance Strategic Actions. This will support a consistent approach to support the Service in achieving compliance against each identified area of partial or non-compliance.

5.40 The Service actively contributes to development of Fire Standards. National changes are communicated via the Fire Standards webpage which is monitored internally by the Fire Standards Point of Contact, to ensure that the Service provides a response to consultations on draft Standards.

5.41 In accordance with the Authority's commitment to public and staff safety, the Operational Assurance team ensures that all learning submitted nationally is positively utilised to review current Service ways of working, implement Service improvements where necessary and to raise awareness across the Service. National and regional learning is fed in and out of the Service via several different pathways which include:

- National Operational Learning.
- Joint Organisational Learning.
- Coroner's Regulation 28 - Prevention of Future Death reports.
- Health and Safety Executive recommendations.
- Local Resilience Forum debriefing focus group.

- South-West Regional Operational Assurance Group.

5.42 The Operational Assurance team is a key stakeholder in a number of these groups which enables the Service to play a vital role in ensuring that all learning received drives positive organisational change in a timely manner. The team also strives to promote a culture where all internal learning and best practice, identified from a variety of activities linked to operational response, is shared, and communicated in a way that supports self-development and organisational improvement. This includes the provision of a dedicated Operational Assurance SharePoint page, publications, posters, and regular updates communicated via our Service forums.

5.43 A process has been developed to enable the effective management of identified learning and outcomes identified through:

- Operational monitoring and feedback.
- Debriefing incidents and training exercises.
- National and regional learning.
- Audit and engagement with all key stakeholders within the Service.

5.44 The Operational Assurance team have also, throughout 2023-24, showcased their system and processes (aligned to the National Operational Learning Good Practice Guide and Fire Standard – Operational Learning), following requests from a wide number of fire and rescue services and partner agencies, which has been extremely well received and appreciated. This engagement is ongoing and has included supporting a number of partner agencies to introduce and implement the Operational Assurance function within their own organisations.

6. People and Culture

6.1 The Service's People Strategy was due for review and refresh in 2022. The process to develop a revised Strategy is now in progress.

6.2 Corporate commitments to equality, diversity and inclusion are set out in the Community Risk Management Plan. The Service has a process in place to ensure that potential equality impacts are identified and mitigated when preparing or reviewing policies and procedures. The process is called Equality Risks and Benefits Analysis and it helps the Service to deliver better services and working practices as well as ensuring compliance with the Public Sector Equality Duty. It sits within a broader assessment, the People Impact Assessment. Besides equality impacts, this assessment also includes impacts on people in relation to wellbeing, data protection, health and safety and safeguarding.

6.3 The Employers Network for Equality & Inclusion benchmarked the Service against Talent, Inclusion, Diversity & Equality and awarded the Service a Silver Award in September 2022.

- 6.4 In September - October 2021 HMICFRS conducted its second-round full inspection of the Service, with the final report published in July 2022. HMICFRS's assessment of the people pillar was Requires Improvement with a Cause of Concern raised related to culture and behaviour. Whilst the report recognised the commitment of the Executive Board and senior leaders to address this concern, more work needed to be done. Delivery of the action plan to address this concern was monitored by the Service's HMICFRS Governance Board, Executive Board and by the Fire Authority with updates published as part of the Fire Authority papers.
- 6.5 All actions under the Cause of Concern action plan have now been completed. A recommendation for closure report was approved by the Service's HMICFRS Governance Board and by the Executive Board in March 2024. An update on the actions taken against the cause of concern have been included under the '[Progress on Improving Culture 2022/23](#)' section of our website. The Cause of Concern will now be transitioned into Service business as usual and work to improve organisational culture will continue to be an area of focus.
- 6.6 On Friday 31 March 2023, HMICFRS published a report into the values and culture in fire and rescue services. The report contains 35 recommendations, 1 specific for the Police, 14 which required action at a national level and 20 which were specific for fire and rescue services. HMICFRS requested a final update from services on the status and progress against each of the recommendations in March 2024. By 19 March 2024 the Service had completed and closed 16 out of the 20 recommendations, with 4 reported as 'In Progress'. These are listed below with a full update published on our [website](#):
- Recommendation 09 Background Checks;
 - Recommendation 12 Staff disclosure, complaint and grievance handling standard;
 - Recommendation 14 Misconduct allegations standard; and
 - Recommendation 32 Diversity in succession planning.
- 6.7 Speak Up Guardians have been introduced into the Service as an additional route to support all staff to raise concerns safely and confidentially. The Freedom to Speak Up Program was officially launched on 1 June 2023, following extensive research into how the Service could adopt best practice from other organisations including the NHS, Greater Manchester Fire and Rescue Service and resources and training from the National Guardians Office. The team consists of a lead guardian and four additional guardians working within current job roles on a part time basis.
- 6.8 Quarterly reports are produced which detail the number of concerns raised, themes of concerns, whether from operational or support staff, learning themes and recommendations and next quarter actions. This is shared with the Executive Board and Service Leadership Team, the Speak Up Steering Group, Diversity & Inclusion Committee and to all staff via a Shout Out update.
- 6.9 The Service is collaborating with peers to develop a national speak up network.

Commitment to Health and Safety

- 6.10 The Authority recognises and accepts its responsibility for the health, safety and welfare of its employees and others who may be affected by its activities.

- 6.11 Detailed health, safety and welfare arrangements are set out in Service policies developed to take account of relevant legislation and guidance, including the Health and Safety Executive's HSG65 methodology. The policies provide staff with relevant and comprehensive information on the risks they face, and the preventative, and protective measures required to control them. They also identify the roles and responsibilities of duty holders who have a responsibility to ensure that measures are implemented.
- 6.12 Procedures are in place to report all safety events, allocate an investigator and where required make recommendations for corrective action to be completed. In order to improve the timely management of safety event investigations, a further 20 accident investigators have been trained during this reporting period and approval given to recruit two casual contract accident investigators. The Health and Safety team operate a business partnering model with the Service Delivery Response Groups, liaising with Health and Safety Points of Contact. This approach supports proactive management of ongoing safety event investigations and wider safety management systems. In addition, raising awareness of positive safety culture is delivered during Watch Manager, Station Manager and Group Manager development sessions.
- 6.13 Further improvements to the critical messaging process have been made. This includes the development of a dashboard report which supports managers in monitoring that their teams have taken the necessary action. The Service has assurance that staff read and understand risk critical messages and apply the required changes, and managers have the means to closely monitor completion.
- 6.14 Systems for monitoring the effectiveness of the Service's Health and Safety Management procedures are in place; this includes the following proactive and reactive monitoring:
- air sampling on station of diesel engine exhaust emissions;
 - legionella testing;
 - provision of accident and near miss incident data to the Strategic Safety Committee;
 - annual completion of premises Health, Safety and Welfare Assessment Report Forms;
 - annual review of fire risk assessments for Service premises; and
 - a means to conduct targeted or full audits of the Service's Health and Safety management systems.
- 6.15 The Service has a Strategic Safety Committee which meets quarterly to monitor the health, safety and welfare of employees as per section 2(7) of the Health and Safety at Work Act 1974. All representative bodies (trades unions) recognised by the Authority, i.e. the Fire Brigades Union, the Fire and Rescue Services Association, the Fire Officers Association and UNISON, are invited to sit on this committee.
- 6.16 The Authority's People Committee receives regular reports on the Health, Safety and Wellbeing of the Service. These reports help the committee to monitor and scrutinise performance in these areas on behalf of the Authority.

- 6.17 The Health and Safety Manager attends the National Fire Chiefs Council Health & Safety meetings and chairs the regional National Fire Chiefs Council Health & Safety meetings.
- 6.18 An independent review of the Service's safety management system, compliance, safety culture, and health and safety resource and structure was completed in 2022. Following this, approval was given in August 2023 to a revised structure for the Health and Safety Team. Recommendations from the independent review are in the process of being implemented with 20 of the 41 recommendations fully completed. The remaining recommendations will be progressed through 2024-25.
- 6.19 Regular monitoring of risk assessments by the Service Leadership Team has been established to ensure that the Service has relevant risk assessments that are suitable, sufficient and within review. Work to align the operational risk assessments with National Operational Guidance has been completed. This work and a review of the Estates risk assessments has significantly reduced the number of overall risk assessments being managed.
- 6.20 In June 2022, occupational exposure as a firefighter was classified as "carcinogenic to humans" (Lancet, 2022). This classification followed a 2020 report by the University of Central Lancashire (UCLan) which aimed to investigate rates of cancer and other diseases in UK firefighters; understand the long-term health effects of fire contaminants; and find ways to reduce exposure to contaminants in fire and rescue service work. The Service's Contaminants working group has actively progressed Phase 1 of the contaminants project. This included hygiene packs provided on appliances and Flexi Duty Officer vehicles, and the provision of procedures, information and instruction that reduce / mitigate the risk from contaminants. The project is moving to scope the requirements for Phase 2. Progress is monitored by Portfolio Board and Strategic Safety Committee.

7 Governance

- 7.1 The Authority has approved and adopted a Code of Corporate Governance, consistent with the principles of the Chartered Institute of Public Finance and Accountancy (CIPFA) / Society of Local Authority Chief Executives framework "Delivering Good Governance in Local Government". A copy of the Code is on the Authority's [website](#) or can be obtained from the Clerk to the Authority. This Annual Statement of Assurance explains how the Authority has complied with the Code.
- 7.2 The Authority's governance arrangements have the following key elements:
- (1) The Authority was constituted under the Devon and Somerset Fire and Rescue Authority (Combination Scheme) Order 2006. The Authority has strategic responsibility for discharging fire and rescue authority functions for the combined area with the day-to-day responsibility resting with the Chief Fire Officer and other Officers within the Executive Board.

- (2) During the 2023-24 financial year, the Authority comprised 25 Members appointed by the constituent authorities (Devon County Council, Somerset Council, Plymouth City Council and Torbay Council). In addition, the Authority has appointed two “independent persons” as part of its arrangements for dealing with standards issues in accordance with the requirements of the Localism Act 2011 and recommendations made by the Committee on Standards in Public Life following its review of local government ethical standards.
- (3) The following governance structure operated during this reporting period:
- Resources Committee (7 Members)
 - People Committee (7 Members)
 - Audit & Governance Committee (9 Members)
 - Community Safety Committee (7 Members)
 - Shareholders Committee (7 Members – established 16 February 2024 but did not meet in this financial year)
 - Appointments and Disciplinary Committee (4 Members)
 - Appeals Committee (4 Members)
- (4) The Authority approves its Strategic Policy Objectives. The focus of the committees is to scrutinise and monitor Service performance in achieving the Strategic Policy Objectives in the areas for which the committees are responsible. [The full terms of reference for all Authority committees can be found here](#). The committee structure (including terms of reference) is subject to annual review but may also be amended in-year as required.
- (5) The Authority, committees, and the Executive Board are provided with high-level indicators and analytical reporting by exception, to ensure governance and oversight of service provision and performance.
- (6) The Audit & Governance Committee broadly operates in accordance with CIPFA’s Position Statement: Audit Committees in Local Authorities and Police 2022. At its meeting on 26 September 2022, [the Authority approved the appointment of two independent co-opted members to the Committee](#) in accordance with the revised position statement on audit committees published by CIPFA in July 2022. The two independent co-opted members joined the Committee in April 2023.
- (7) The Audit & Governance Committee provides an additional level of review and scrutiny of the Authority’s internal and external audit arrangements, corporate governance and risk arrangements and financial statements. The Committee also has responsibility for discharging the Authority’s member conduct arrangements as required by the Localism Act 2011 and monitors the operation of the Authority’s strategy for the prevention and detection of fraud and corruption and policy and usage in relation to the Regulation of Investigatory Powers (RIPA) Act 2000.

- (8) The Authority has [a constitutional governance framework](#) which includes the following documents:
- Members and Officers Accountabilities, Roles and Responsibilities
 - Standing orders
 - Financial Regulations
 - Treasury Management Policy
 - Contract Standing Orders
 - Scheme of Delegations
 - Members Code of Conduct
 - Protocol for Member / Officer Relations
 - Policy on Gifts and Hospitality
 - Scheme of Members Allowances
 - Corporate Governance Code
 - Confidential Reporting Policy (Whistleblowing” Code)
 - Strategy on the prevention and Detection of Fraud and Corruption
 - Code of Recommended Practice on Local Authority Publicity
- (9) These documents, except for the Code of Recommended Practice on Local Authority Publicity (which is a national document issued by the Government under Section 4 of the Local Government Act 1986), are subject to review at least annually and are updated as and when necessary to reflect legislative change, organisational change or best practice to ensure they remain up-to-date and fit for purpose.
- (10) Compliance with the seven principles of public life (the Nolan principles) form part of and underpin the Member Code of Conduct which the Authority is required to have by virtue of the Localism Act 2011. Service Officers are guided by the Service values and the National Fire Chief Council’s Code of Ethics
- (11) The Treasurer is responsible for ensuring that effective financial stewardship is in place across the Service in conducting the business of the Authority. The Authority’s financial management arrangements conform to the governance requirements of the “CIPFA Statement on the Role of the Chief Financial Officer in Local Government”.
- (12) The statutory functions of the Proper Financial Officer (as per Section 112 of the Local Government Finance Act 1988) and Monitoring Officer (as per Section 5 of the Local Government and Housing Act 1989) provide a source of assurance that the Authority’s systems of governance and internal control are effective and being complied with.

- (13) The Fire Authority governance specifically includes procurement and commercial activities through the Contract Standing Orders as the policy framework and the procurement team reviews all third-party expenditure and manages contracts above £20,000 in value. The Service has a procurement and commercial strategy outlining its category management approach, aims and priorities. The Service utilises national systems for spend analysis, tendering and contract management and undertakes lead roles on the National Fire Chiefs Council strategic commercial board working collaboratively across the blue light services in support of the duty to collaborate. The Service has agreed procurement and contractual documentation based on national model terms and conditions and contract management arrangements in place. The service adheres to all requirements to provide transparency data regarding contracts and expenditure, [modern slavery](#), and social value governance in the management of procurement, contract, and commercial activities. The Procurement Team have been undertaking training for the implementation of the Procurement Act 2023.
- (14) To ensure that the Authority understands the potential risks regarding funding, a number of scenarios are published within the [Medium Term Financial Plan](#) demonstrating the possible funding position for the next 5 years. This is published alongside the underpinning: [Reserves Strategy; Capital Strategy](#); and the [Community Risk Management Plan](#).
- (15) The Devon Audit Partnership audit of the Medium Term Financial Plan 2023-24 highlighted the following for inclusion in the Annual Governance Statement: “In terms of this audit, we highlight the need to ensure the continued alignment of the Community Risk Management Plan and the Medium Term Financial Plan, given the longer lifecycle of the Community Risk Management Plan, and the financial fragility of the capital programme over the longer term.” The Medium Term Financial Plan is an important strategic tool in identifying potential budget shortfalls in the medium-term. Progress against the Medium Term Financial Plan is reported, quarterly, to the Resources Committee to ensure the importance is maintained and progress understood.
- (16) It is a statutory requirement under the Accounts and Audit (England) Regulations 2015 for authorities to publish the financial results of their activities for the year. The ‘Statement of Accounts’, shows the annual costs of providing the Service and is determined by a Code of Practice published by CIPFA, which aims to give a “true and fair” view of the financial position and transactions of the Authority. The Treasurer is responsible for the approval of the Statement of Accounts prior to publication.
- (17) To meet the requirements of the regulations, the draft Statement of Accounts is published by the end of September with the final audited Statement of Accounts published once the audit process has been completed.
- (18) The 2023-24 External Audit provision was provided by Bishop Fleming. The scope of the External Audit work includes the Accounting Statements, Whole of Government Accounts and a commentary on Value for Money arrangements. No significant issues have arisen to date from the External Audit work completed for the 2023-24 financial year.

- (19) The Service's overall efficiency rating was Good in the 2022 HMICFRS inspection report. The Service was assessed as Good at making best use of its resources and Requires Improvement at making the service affordable now and in the future.
- (20) Project and programme arrangements are in place to ensure robust decision making for change activity. These arrangements include use of the HM Treasury Five Case model and monthly programme and portfolio boards with associated highlight reports to commission, initiate and manage projects. The Service is also in the process of determining a high-level target state that it will actively work towards over the next five years. This will allow any changes to be viewed in line with the longer term vision and aspirations of the Service. The Service also recognises that some change activity remains outside of this process and is reviewing lessons learned to improve the alignment of the management within the programme and project governance and that within business as usual activity.
- (21) On 23 October 2020 the Authority supported the declaration of a Climate Emergency and agreed the Environmental Strategy with commitment to the Emergency Services Environmental and Sustainability Charter. The Service has a green goal to be carbon net zero by 2030 and carbon positive by 2050. The Service's carbon footprint (scope 1 and 2 and an expanded scope 3) have been published and are reported in the statement of accounts.
- (22) The Service's environmental action plan is aligned to ISO14001 with a Strategic Environmental Board, policy, and procedures in place. The environmental legislation, and aspects register has been reviewed to reflect changes within the Environmental Act 2021. The Service has introduced electric vehicles and charging points, developed a heating decarbonisation plan and been successful in securing grant funding to deliver environmental plans. The Service behaviour change initiatives focus on carbon reductions, environmental protection, and climate change impacts.
- (23) The effective management of risk is critical for the Service to ensure that it maintains services and continues to progress effectively towards achieving its strategic objectives. The risk management framework provides a structured way to deal with uncertainty which can help everyone in the Service to manage their area effectively.
- (24) The Service risk registers are populated and reviewed periodically. This process in turn informs the corporate risk register. Risks are only escalated to the corporate risk register if they cannot be managed or mitigated at department level. The Service risk management framework includes the risk escalation and de-escalation process that ensures that risks are considered at appropriate levels within the Service.

- (25) The corporate risk register is reviewed by the Extended Leadership Team monthly (dependent on the level of risk) to ensure that risks to the Authority's strategic objectives and corporate plans are appropriately identified and managed, with cross reference to the national risk register where relevant. Horizon scanning supports deep dive risk identification and assessment. The corporate risk register is presented to the Audit & Governance committee every six months.
- (26) The introduction of the SharpCloud software solution has facilitated greatly enhanced risk visualisation which has led to greater engagement across the Service in the effective management of risk.
- (27) The Authority maintains comprehensive insurance cover to support its management of organisational risk. The Authority is a member of the Fire and Rescue Indemnity Company (FRIC), the mutual protection provider that has 14 fire and rescue authority members and has achieved a surplus every year since it was formed. This is a significant result for FRIC and shows what can be achieved when fire authorities collaborate in an innovative and mutually beneficial manner. The surplus generated can be retained to support further improvements, drive better risk management and deliver lower costs for FRIC's members, or as is the case in 2022-23 and 2023-24, returned to members.
- (28) The Authority has a statutory responsibility to conduct business continuity as mandated in The Civil Contingencies Act 2004. The strategic business continuity policy sets out the corporate business continuity management structure and goals for business continuity assessment, training and exercising. The business continuity framework details how the Service will respond to specific disruptions. 30 tactical business continuity plans ensure that the Service is prepared for a range of threats and challenges. The Service embraces the principles of 'Plan, Do, Check, and Act' and aligns with aspects of the ISO: 22301 (Societal Security – business continuity management systems and requirements). The Business Continuity Manager is responsible for providing specialist advice and guidance on business continuity management issues, including the co-ordination, development, implementation and review of business continuity plans, processes and procedures.
- (29) The Fire & Rescue Authority [resolved on 31 October 2023](#) to support internal reform of the Data, Digital and Technology department as opposed to outsourcing the function to DELT Shared Services Ltd. Since that time, the department has been focusing on reviewing its structure and functions alongside the revised strategic vision. The department has made great strides in making changes that allow them to support the Service more effectively. Full restructure has seen five key functions evolve; Business Relationship Management, Service Delivery, Information Governance, Development and Data, Insights and Analytics. These functions have had all roles reviewed and new roles created to allow them to fully support Service needs.
- (30) Clear focus for the department has been given on four main areas;
- Improvement of customer service;
 - Cyber resilience and awareness;
 - Data driven insights with clear standards and data sets; and

- Improvements on processes and automation.
- (31) The Information Governance function oversees three specialist disciplines: Information Security, Information Compliance and Records Management.
- (32) Processes are in place to respond to Subject Access Requests and Freedom of Information requests. 94% of Subject Access Requests received were processed within the legislative timescale. Excluding the Freedom of Information requests that were withdrawn or declined, 96% were processed within the legislative timescale.
- (33) The Authority complies with the Government's 'Local Government Transparency Code 2015' for releasing public data. The following arrangements are in place:
- A Freedom of Information Publication Scheme
 - Publication of the annual statement of accounts
 - Publication of all expenditure over £500
 - Publication of all Government Procurement Card transactions
 - Publication of Procurement Information
 - Publication of spend on Agency Staff and Consultants
 - Publication of land ownership
 - Publication of Trade Union facility time
 - Publication of a Pay Policy Statement including all senior employee salaries and pay multiple comparators
 - Publication of fraud investigations
 - Publication of Members' allowances and expenses
 - Publication of External Audit reports
 - Publication of all committee reports and minutes (other than those where a statutory exemption for publication applies).

The Service demonstrates compliance with this and other information legislation on the Service's website.

- (34) The department has applied renewed focus on the importance of cyber security and resilience. There is now a clear plan in place for 2024-25 to allow focus in this area.
- (35) The Service completed its annual IT Health Check and also completed the Cyber Assurance Framework in October 2023. The outcomes and actions from these exercises are being aligned to the ISO50001 standards to ensure that robust standards and systems are being put in place.
- (36) The Protective Security Group provides strategic oversight of the Service's approach to security of information, people and physical assets, aligned to the HMG Security Policy Framework.

- (37) A robust governance framework has been implemented to manage oversight of delivery of the action plan to address the findings of the HMICFRS inspection report and Cause of Concern. This includes an HMICFRS Governance Board which reports to Executive Board.
- (38) Complaints or concerns about the Service received from a member of the public are managed in accordance with the Complaints policy. Where appropriate, complaints will be resolved informally as a concern. If the complainant is either not happy with the local resolution or if the complaint needs further investigation, it will be processed as a formal complaint. During 2023-24 the Service received 64 complaints and concerns, compared with 49 last year. For one complaint, there were two independent complainants, and this has been counted as one complaint. Of these, 31 were successfully resolved as concerns, 13 were out of scope (such as civil, insurance, or a police matter) and 20 were (or are being) handled under the complaint process. Of the 20 complaints, four were upheld with a further four partially upheld. Six were dismissed and six were unable to progress. One was unable to progress due to lack of information and contact from the complainant, the other five were transitioned to HR processes because of evidence uncovered in the complaint investigation. Numbers, themes and outcomes of complaints are monitored in performance reports for the Communications and Engagement department which are regularly shared with the senior management team. In August, the unreasonable behaviour policy and procedure were published.
- (39) The Service has not received any Whistleblowing alerts during 2023-24.
- (40) There have been no Code of Conduct breaches in 2023-24.
- (41) The Authority participates in the biennial National Fraud Initiative (NFI). 26 errors were identified in the 2022-23 report. 11 of these were due to duplicate payments, with 10 rectified prior to identification through NFI matching. The other payment of £1,854 was recovered as a result of identification through the NFI process. The remaining 15 errors were duplicate creditors which were subsequently removed from Integra, the Service's payment system. Management actions were agreed to prevent a recurrence of this issue.
- (42) The Authority has a process for internal auditing and is a partner of Devon Audit Partnership who provide the internal audit service. Devon Audit Partnership conforms to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit in public service organisations.
- (43) The [2023-24 Internal Audit Plan](#) sets out the planned audit coverage for the year. In accordance with the Public Sector Internal Audit Standards, the plan was flexible to be able to reflect and respond to the changing risks and priorities of the Authority. Delivery of the plan, and implementation of the management action taken to address the recommendations made, is reported to the Executive Board and to the Audit & Governance Committee at scheduled meetings throughout the year.

- (44) Based on the completed audit work, the [Head of Internal Audit's opinion](#) on the adequacy and effectiveness of the Authority's internal control framework in 2023-24 is one of 'Reasonable Assurance'. This means that "There are generally sound systems of governance, risk management and control in place across the organisation. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of some of the strategic and operational objectives."
- (45) Red One Ltd. was established in 2012 to allow the Authority to deliver commercial activities within the legislative framework that applies. This is a standalone company that manages its own affairs whilst reporting to the single shareholder, the Fire Authority. It is not managed by the Service.
- (46) During the reporting year, the Authority's Audit & Governance Committee considered risks and, where necessary, audit concerns raised in relation to Red One Ltd., whilst the Resources Committee monitored financial performance on a quarterly basis.
- (47) The Authority has taken legal advice to ensure compliance with legislative requirements and to ensure effective governance arrangements for Red One Ltd., which were enhanced in January 2018 by the appointment of independent non-executive directors. Governance arrangements were further enhanced in July 2018 by the adoption of revised Articles of Association, which strengthened the composition of the Board to include a mix of: Authority Member non-executive directors; independent non-executive directors; Service officer non-executive directors and company appointed executive directors. In June 2022 the Authority commissioned a governance review from Devon Audit Partnership which assessed the degree of conformity to CIPFA's best practice guide on Local Authority owned companies and made recommendations on areas for improvement.
- (48) The Authority established a Shareholder Committee in February 2024 in accordance with the recommendation made by this independent review. Going forwards, this Shareholder Committee will provide the necessary oversight from a shareholder perspective and will afford a formal route for the Authority and, where appropriate, Statutory Officers, to have an active, strategic role in the direction of the company and provide proportionate oversight and scrutiny of its affairs. The aim is to ensure that the objectives and policies that the Authority, as the sole shareholder, has established for the company are being adhered to. This is in addition to the Annual General Meeting which Red One Ltd. holds with the Authority as its sole shareholder.

8 Future Improvements

- 8.1 The following areas for improvement remain the Service's key areas of focus throughout 2024-25:
- Implementation of an Information Governance Framework.
 - Implementation of a more effective approach to information governance.
 - Implementation of effective policy management.

- Ensuring that the Service’s planning processes integrate performance, projects and risk so that all activity is aligned to the corporate priorities to reduce duplication of effort and to performance manage the Service.
- Improving the integrity of data to support the effective implementation of the performance framework and the systems supporting this.
- Aligning resources to risk and prioritising prevention and protection activity.
- Improving the Service’s processes and systems for the management of assets.
- Responding to the requirements of the Environmental Act 2021 and other environmental legislation and working to achieve plans to be carbon neutral by 2030 and carbon positive by 2050.
- Ensuring that the Service has the appropriate resource, capacity, structure, health and safety management framework and assurance systems to ensure compliance with its statutory health and safety duties and to ensure that all staff, both uniformed and non-uniformed, are able to be healthy and safe at work when undertaking their duties.
- Ensuring the financial sustainability of the Service.
- Development of a refreshed People Strategy.
- Ensuring that the Service has robust cyber security arrangements in place.

9 Conclusion

- 9.1 The Authority is satisfied that the systems and processes that are in place across the organisation fulfil the requirements of the Fire and Rescue National Framework for England.
- 9.2 The Authority’s assurance arrangements have identified some areas for improvement in its governance, finance, and operational arrangements. The Authority is satisfied that the issues identified are appropriate and that steps are already in place to address them. The Audit & Governance Committee will receive updates on the implementation of the improvement areas set out in this document annually, through the updated action plan attached in Appendix A to this report.

CHIEF FIRE OFFICER

**CHAIR, AUDIT AND GOVERNANCE
COMMITTEE**

APPENDIX A TO REPORT – ACTION PLAN

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>Information Governance Framework An Information Governance (IG) Framework that incorporates records management principles needs to be implemented across the Service.</p>	Develop and implement the IG Framework.	Head of Data, Digital & Technology	The Information Governance Strategy and Framework remains to be developed.	2024-25 Q4
<p>Information governance The approach to information governance is driven at department level rather than taking an enterprise approach to how information is managed across the Service. This leads to difficulty for employees easily finding accurate and up to date information when required. This also impedes the ability to lead to smarter working practices.</p>	As part of the Microsoft 365 (MS365) project, an enterprise wide approach to information management will be developed which will form the basis of the new Intranet.	Head of Data, Digital & Technology	<p>Data classification pilot test completed, currently being reviewed and will be rolled out across the Service.</p> <p>A structural and strategic review of how the Service has implemented MS365 to date has been completed.</p> <p>A work plan has been created to focus on the structural architecture of M365 and Intranet; this will go out to third party suppliers to bid on. The work plan will focus on agreeing the new structure and implementation of recommendations, whilst also reviewing all permissions and groups in M365. Once completed we will review and add retention policies.</p>	2024-25 Q3

MS365

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>Service Policy Management Improvements are required to ensure that the Service has an effective policy framework, effective document lifecycle management and compliance with the latest accessibility standards.</p>	<p>As part of the Microsoft 365 rollout:</p> <ul style="list-style-type: none"> • Deliver new policy template repository with automated document management information reporting on the policy lifecycle. • Enable automatic publication of policies to the website to decrease the Freedom of Information (FOI) response burden. • Implement an improved mechanism to store documents to enable easier location by employees. 	<p>Head of Data, Digital & Technology</p>	<p>The Policy Management System was accepted into Service in April 2022. Work continues to transition policies onto the new templates and update the metadata to reflect changes at Information Asset Owner level.</p> <p>A performance dashboard of policies and procedures has been developed and can be accessed using Power BI. It will also be hosted on the Service Strategic Portal.</p> <p>A review of which policies are open under FOI is outstanding as part of the ongoing metadata updates referenced in point one.</p>	<p>2024-25 Q3</p> <p>Complete</p> <p>2024-25 Q1</p>
<p>Planning, Performance and Continuous Improvement In order to ensure that all activity is aligned to the strategic objectives, vision and purpose, the Service's planning processes need to integrate with performance, projects and risk.</p>	<p>Improve the planning and performance management framework to ensure that all activities are aligned to corporate priorities to reduce duplication of effort and to performance manage the Service.</p>	<p>Area Manager Corporate Planning, Analysis and Strategic Business Change</p>	<p>A revised planning and performance framework is in the process of being developed with work now focussed on developing the underlying processes.</p>	<p>2024-25 Q1</p>

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>Data integrity Work is required to improve the integrity of data and to ensure proportionate and robust controls on data to: promote valid data at the point of capture; maintain up to date, accurate records; enable the exploitation of external data sources, particularly in relation to location and premises data; and ensure consistency in reporting information.</p>	<ul style="list-style-type: none"> • Map the data requirements for the Service and where these are held. • Agree data owners. • Develop automated reporting. 	<p>Head of Data, Digital & Technology (DDaT)</p>	<p>Data mapping has started and is ongoing. In addition to this piece of work we are also mapping all systems alongside data to ensure we understand the full picture. Clarity being sought in terms of data owners.</p> <p>The work to review data is in terms of what is captured and how, and cleansed, as it is migrated from old to new systems is ongoing. The next step will be for us to complete a data and information strategy to ensure that we have a clear direction for the Service in this area.</p> <p>The Executive Board has approved a recommendation on reporting, focused on a 24 month plan to fully move to Power BI. This project will focus on move of KPIs to Power BI within a 12 month period. This will also enable automated reporting functionality.</p> <p>Closer working relationships between the Strategic Analysis Team and Information and Data Exploitation Team have been started with a view to securing greater collaboration and clarity across the Service.</p>	<p>2024-25 Q2</p>

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>Aligning resources to risk and prioritising prevention and protection activity. We need to ensure that we allocate our resources for response, prevention and protection in a way that best reflects the risks to our communities, prioritising our prevention and protection work to prevent fires and other emergencies from occurring, but being able to respond when emergencies do happen.</p>	<ul style="list-style-type: none"> Review the Community Safety Plan to ensure that the most vulnerable communities are being prioritised through our prevention work. Review the Service Delivery strategic plan to ensure that resources are deployed to support efficiency and effectiveness of all response, prevention and protection activity. 	Area Manager Service Delivery - Community Safety / Ops Risk	<p>The Community Safety Plan has been reviewed to ensure that we continue to target the most vulnerable members of society by using a triaged approach.</p> <p>We are in the process of procuring a new IT system which will be rolled out later this year. It is hoped that this will enable efficiencies in work output and better access to data to prioritise cases accordingly.</p> <p>We have temporarily 'paused' incoming referrals for Home Fire Safety Visits until Summer 2024 to allow us to focus on reducing our oldest and most vulnerable cases (this excludes any 'blue light' or Safeguarding referrals).</p> <p>The Service Delivery Strategic Plan is currently being reviewed.</p>	<p>Complete</p> <p>2024-25 Q3</p> <p>2024-25 Q2</p> <p>2024-25 Q2</p>
<p>Integrated Service Asset Register (Fleet and Operational Equipment) An integrated fleet and operational service asset register needs to be developed and embedded to ensure that all assets are effectively recorded and managed to provide</p>	<ul style="list-style-type: none"> Implement Phase 2 of the asset management implementation project. Implement Phase 3 of the asset management project. 	Head of Fleet, Equipment and Procurement	Phase 1 and Phase 2 is complete and the final stage 3 which is introduction of hardware device for barcode reading, data migration, integration with internal systems and application for equipment maintenance and station-based testing is in progress for delivery in 2024. Intention is to transfer	2024-25 Q1 (Phase 3)

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>consistent data to inform replacement plans and ensure operational assets are fit for purpose.</p>			<p>all individual log-books to an electronic system.</p>	
<p>Environmental Strategy The UK has a legislative commitment to be net zero (carbon neutral) by 2050. The Service will need to respond to the requirements of the Environmental Act 2021 and environmental legislation. The Service response will need to mitigate against changing environmental threats.</p>	<p>The three main projects for carbon reductions are:</p> <ul style="list-style-type: none"> • Reducing electricity and gas consumption. • Introduction of vehicle telematics. • Alternatively fuelled vehicles and electric charging points. <p>The next phase of actions include:</p> <ul style="list-style-type: none"> • Implementation of electric vehicles and charging infrastructure for phase 2. • Procurement and planning for heating decarbonisation for Middlemoor and Greenbank. • Developing further opportunities for grant funding. • Planning for the waste digital tracking legislative changes. 	<p>Head of Fleet, Equipment and Procurement.</p>	<p>Work continues to deliver the environmental action plan. Achievements to date include:</p> <ul style="list-style-type: none"> • Environmental strategy, Board, policy and procedures and action plan. • eLearning, behaviour change initiatives on climate change, carbon reductions and environmental protection. • Reduction of light support vehicles following introduction of telematics • Reduction in scope 1 and 2 of the carbon footprint and inclusion of new areas for scope 3. • Successful application for Low Carbon Skills Fund of £95,000 to develop a heating decarbonisation plan for 13 sites. • Successful application for Public Sector Decarbonisation Scheme for £325,090 for Middlemoor and Greenbank stations. 	<p>2024-25 Q4</p>

Page 48

Identified Issue	Action Needed	Lead Officer	Update	Status
<p>Health and Safety The Service needs to ensure that it has the appropriate resource, capacity, structure, health and safety management framework and assurance systems to ensure compliance with its statutory Health and Safety duties and to ensure that all staff, both uniformed and non-uniformed, are able to be healthy and safe at work when undertaking their duties.</p>	<p>Strategic health and safety improvement plan to be developed and implemented.</p>	<p>Head of Organisation Assurance</p>	<p>An independent (external) review of the Service's safety management system, compliance, safety culture, and health and safety resource and structure has been completed. Recommendations from the independent review are in the process of being implemented with 20 of the 41 recommendations fully completed. The remaining recommendations will be progressed through 2024-25. Approval was given in August 2023 to a revised structure for the Health and Safety Team. Approval was also given to recruit two casual contract accident investigators with the aim to improve the timely completion of our more significant safety event investigations and increase the quality of resulting recommendations.</p>	<p>2024-25 Q4</p>
<p>Ensuring the financial sustainability of the Service. There is a need to ensure that the Service designs and implements a service delivery model and supporting infrastructure that is affordable and meets the needs of the communities that it serves.</p>	<p>Implement the Target Operating Model and ensure that the underpinning plans meet the medium-term financial plan.</p>	<p>Chief Fire Officer</p>	<p>The Service has identified four key areas of change to underpin the requirements of the medium-term financial plan ensuring a balanced budget for 2024-25 by reducing operating costs. They are:</p> <ul style="list-style-type: none"> • Review of whole-time shift patterns. • Review of the operating model for specialist rescue. 	<p>2024-25 Q4</p>

Identified Issue	Action Needed	Lead Officer	Update	Status
			<ul style="list-style-type: none"> Review of the on call pay system (P4A). Reduction of Automatic Fire Alarms. <p>Further detailed planning work is taking place to ensure the direction of travel to achieve the target operating model is delivered whilst also ensuring future financial sustainability.</p>	
<p>People Strategy There is a need to develop a refreshed People Strategy that is designed in collaboration with the workforce in line with the requirements of the Fire and Rescue National Framework for England 2018.</p>	<p>People Strategy to be developed.</p>	<p>Head of People Services</p>	<p>The process to develop a revised Strategy is now in progress.</p>	<p>2024-25 Q3</p>
<p>Data, Digital & Technology The Service needs to determine the future direction for digital services in consultation with the Fire Authority.</p>	<p>Determine permanent leadership structure for the department.</p> <p>Develop the business case which will explore the possible delivery models for digital services for presentation to the Fire Authority.</p>	<p>Director of Finance & Corporate Services</p>	<p>Fire Authority agreement to reform internally. New department structure has been completed and new functions created. Update to Fire Authority published on the website.</p>	<p>Complete</p>
<p>Cyber The Service needs to ensure that it has robust cyber security arrangements in place.</p>	<p>Implement the cyber security and resilience improvement plan.</p>	<p>Head of Data, Digital & Technology (DDaT)</p>	<p>New action for 2024-25.</p>	<p>2024-25 Q4</p>

Agenda Item 7

REPORT REFERENCE NO.	AGC/24/13
MEETING	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	CORPORATE RISK REGISTER
LEAD OFFICER	ASSISTANT DIRECTOR, CORPORATE SERVICES
RECOMMENDATIONS	<p><i>(a). That the report is used to assess, monitor and have oversight of risks within the Service, ensuring that appropriate levels of assurance are in place to protect the Service interests and achieve Strategic Objectives; and</i></p> <p><i>(b). that subject to (a) above, the report be noted..</i></p>
EXECUTIVE SUMMARY	<p>Managing risks, both operational and strategic, is an important part of ensuring that the resources of Devon and Somerset Fire and Rescue Service are used to best advantage. Risk is inherent in most things that the Service does and much of its activity is already assessed and managed through the application of the operational risk management procedures and good common sense.</p> <p>The Corporate Risk Register sets out risks and mitigation to ensure that risk is managed appropriately and proportionately.</p>
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ASSESSMENT (ERBA)	Not applicable.
APPENDICES	A. Risk Management Framework
LIST OF BACKGROUND PAPERS	<p>AGC 22 January 2024 – Corporate Risk Report</p> <p>AGC 21 July 2023 – Corporate Risk Report and risk management awareness session</p> <p>AGC 29 November 2022 – Corporate Risk Register</p> <p>AGC 7 March 2022 – Corporate Risk Register</p>

1. **INTRODUCTION**

- 1.1. The aims of Risk Management for the Devon & Somerset Fire & Rescue Service (“the Service”) are to:
- Protect the assets of the Service;
 - Ensure service continuity; and
 - Facilitate innovation and opportunity.
- 1.2. Risk management does not mean risk avoidance. It is about encouraging officers and managers to identify, understand and control risk and to learn how to accept the right level of risk.

2. **CORPORATE RISK REGISTER**

- 2.1. The corporate risk register captures and describes the Service’s most significant risks, with a focus on cross-cutting risks and major projects. It is formally reviewed and refreshed on a regular cycle. In order to embed the Service’s approach to managing strategic and operational risks, risk management is integrated within the planning process so that it is part of direction setting, activity and resource planning and activity monitoring.
- 2.2. Risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed. A risk is the threat that an event or action will adversely affect the ability to achieve our objectives. The Risk Management Framework sets out responsibilities for the management of risk and seeks to ensure that key risks to the achievement of the Service’s objectives are understood, reported and appropriately mitigated. It is important to recognise that an effective risk management framework is as much a way of thinking as it is a process or system as illustrated in Appendix A.
- 2.3. The process includes the identification, assessment and recording of risks and mitigating activities which is incorporated into annual service plans. The final stage of the process, once risks have been reviewed by risk owners and directors, is for the Audit & Governance Committee (the Committee) to use the report to assess, monitor and have oversight of risks within the Service, ensuring that appropriate levels of assurance are in place to protect the Service interests and achieve Strategic Objectives.
- 2.4. Updates for the five high risks are detailed below.
- CR044 Cyber attack causes sustained business systems outage, risk owner Assistant Director of Corporate Services (Senior Information Risk Owner). Risk added September 2018. Risk remains indefinitely on register.**
- On 17 April 2024, the Service Leadership Team and newly appointed Senior Information Risk Officer attended a [cyber resilience exercise](#), hosted by the South West Regional Cyber Crime Unit (SWRCCU) which is part of Avon & Somerset Police.

They were split into teams to compete against each other and become “the security experts” employed by an organisation to juggle budgets and incoming threats. The theme was ‘Decisions and Disruptions’ and feedback has been very positive including that it was a safe space to learn, have fun and to be engaged. Cyber resilience, awareness and maturity are very much a priority to ensure that the Service is kept safe from cyber criminals. A subsequent cyber escape room event was held with DDaT on 1 and 4 July. The session aims were to raise cyber awareness, team and resilience building. From October 2024 the session to be available to staff with each session restricted to 30 players.

- On 15 July 2024 the Regional Cyber Crime Unit delivered the National Cyber Security Centre cyber toolkit to Executive Board (EB). The aim of the session helps EB to ensure that cyber resilience and risk management are embedded throughout the Service, including its people, systems processes and technologies.
- The Cyber Assessment framework self assessment has been completed and DDaT and Information Governance teams are working through the partial and not met items.
- Cyber was a topic at the recent round of Leading Conversations for the Service’s middle and senior managers. The session was well received and the expectation is that managers will ensure that learning is cascaded throughout the Service.
- Over recent months a key person dependency risk has materialised with no experienced information security management resources available. The Executive Board has agreed in principle the establishment of a twelve month temporary 0.6 FTE resource with further support from the Networked Fire Services Partnership for DSFRS activities only, with the Information Governance team covering the 0.4 FTE gap.

CR055 (SSC003) Failure to thoroughly investigate and learn from safety events and take corrective action to prevent foreseeable reoccurrences. Risk owner Assistant Director of Corporate Services . This risk was added December 2019. Based on current progress it is anticipated that the risk will not be de-escalated within the next six months.

- The total number of overdue safety event investigations is 21 as at 21 June 2024, (45% of the total). The Strategic Safety Committee (SSC) Key Performance Indicator is <20%. The number of overdue safety events is 21, a reduction of 39 since the previous report.
- The outstanding safety event recommendations in the old safety event management system SERT have now all been addressed, and attention is now focused on the overdue high priority actions in the current system SEMS. On 10 April 2024, SLT confirmed that overdue safety event recommendations in SEMS were to be reported on monthly. The feedback is that information is in emails and would benefit from making the data more accessible.

Support has been requested from the Head of Digital, Data and Technology to prioritise development of the report required to provide the management information needed from SEMS to support SLT in driving improvement in the management of safety event recommendations in SEMS.

- Two accident investigator training courses have now been run and two casual safety event investigators appointed. Overall, the risk direction has improved since the last report. This risk is symptomatic of previous organisational strategies to develop systems in house.

CR079 Inability to assure ourselves that the HFS data created, held and reported on is correct. Risk owner Assistant Chief Fire Officer Service Delivery. This risk was added February 2022. It is anticipated that this risk should be de-escalated by the end of 2024.

- The Home Fire Safety team continue to work to reduce the total backlog of unbooked visits. In December 2023 there were 7,388 overdue visits and as at 3 July 2024 the figure was 1,555 (79% reduction). During the next two month the number will reduce slowly due to challenges with insufficient technicians and administrative staff on leave.
- Whole time crews have commenced visits on behalf of partner agencies and this has generated positive feedback from crews.
- A definitive timescale for implementation of Phase 2 of the CFRMIS system for prevention activity has not yet been agreed.

CR082 Inability to maintain and provide safe Academy training facilities. Risk owner Assistant Chief Fire Officer Service Delivery Support. This risk was added April 2024. Contingency Response Team stood up 4 April 2024, next meeting 9 July 2024.

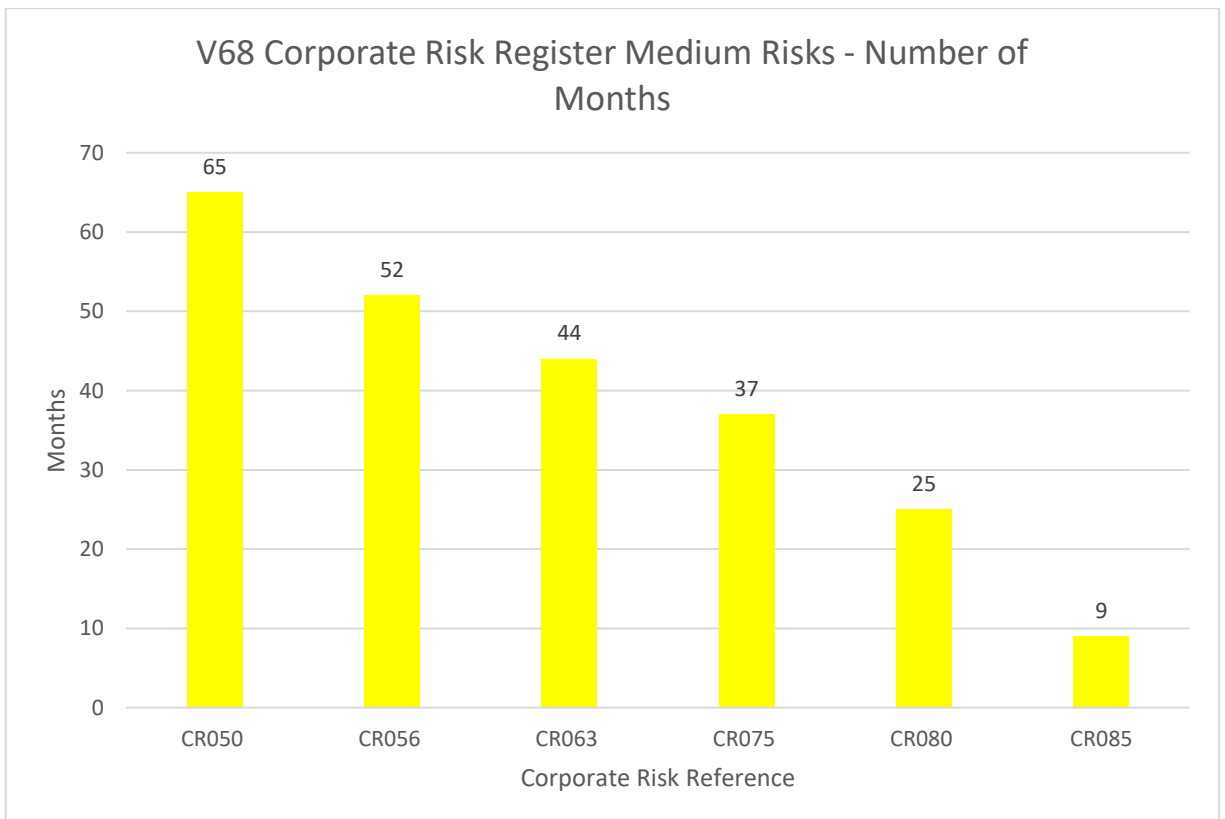
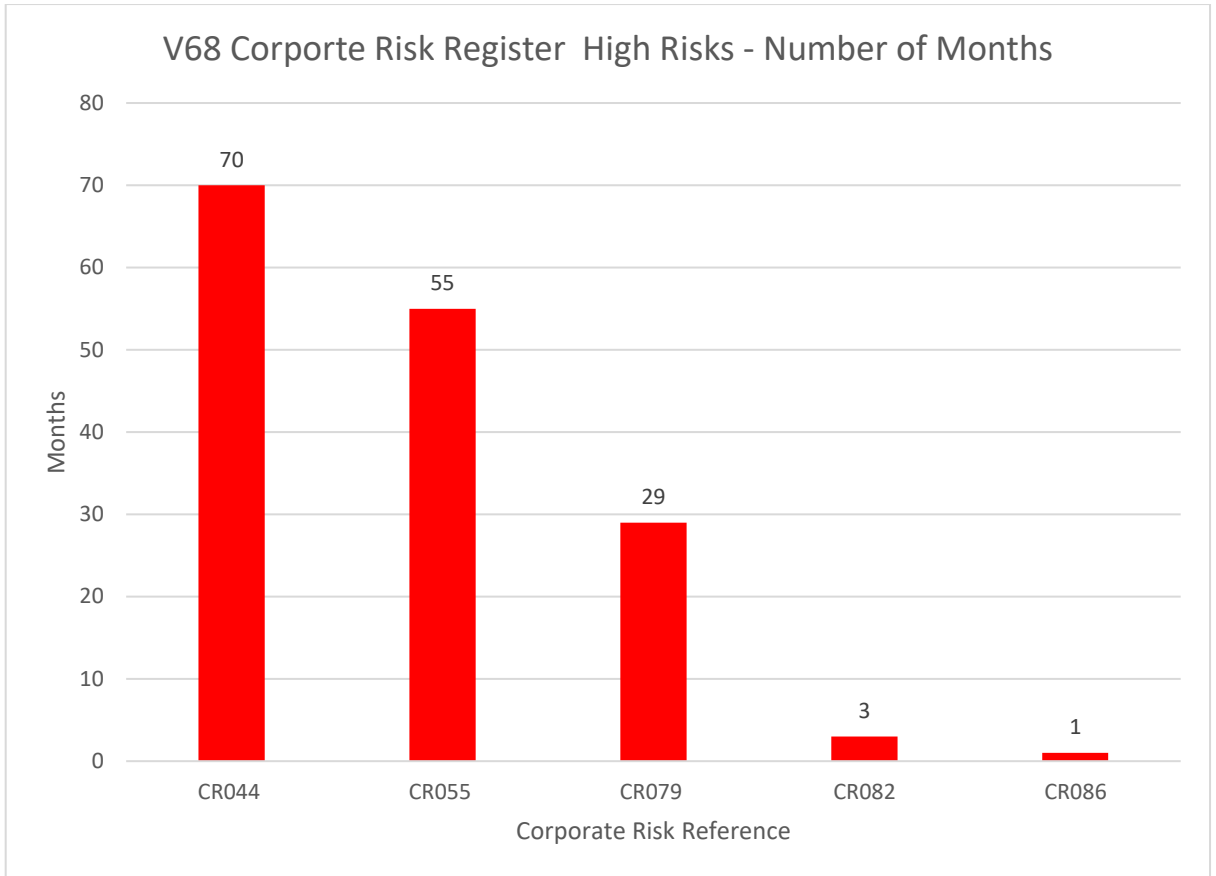
- Refer to section 3.

CR086 Lack of suitable workshop facilities and pits at Barnstaple and Crownhill Fire Stations. This risk was added to the register May 2024. Risk Owner Assistant Chief Fire Officer Service Delivery Support.

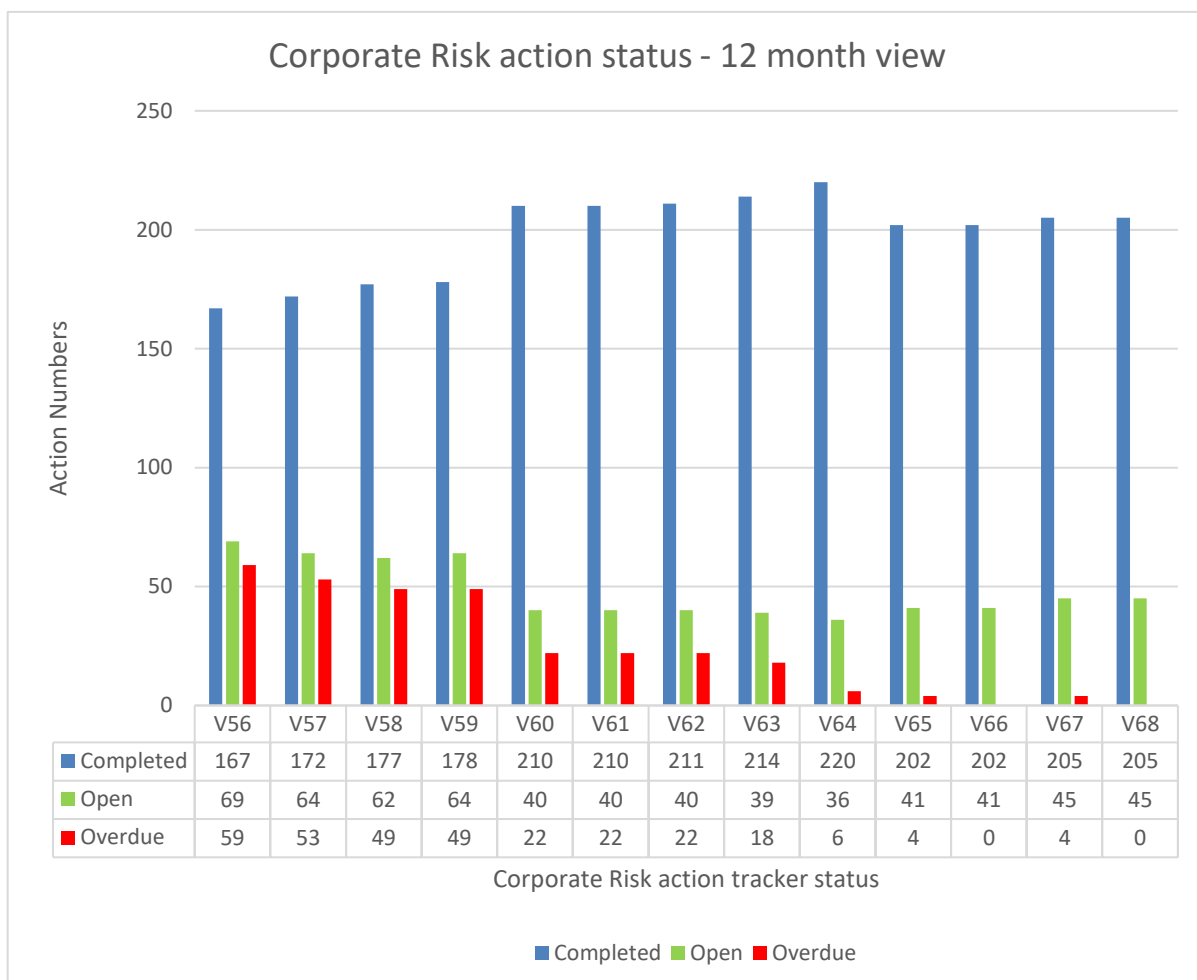
- Refer to section 3.

2.5. The Service risk profile has changed since the last report. The corporate risk register entries total eleven risks with two risks added and three de-escalated to local and thematic risk registers and no risks closed. The register is reviewed monthly by the Service Leadership Team and Executive Board dependent on net risk score with high risks reviewed monthly and medium risks quarterly.

2.6. The Audit and Governance committee meeting on 29 September 2023 agreed that from 22 January 2024 the six-monthly corporate risk reports will include how long risks have been on the Corporate Risk Register, those risks that are static and those that when mitigated to a tolerable level will be de-escalated, see tables below.



2.7. Over the last twelve months, 24 actions have been closed. The graph below illustrates actions open, overdue and closed per month.



2.8. As is normal, there have been minor changes to control measures across the risk portfolio. Risk owners are assigned to each risk with active mitigation in place. All risk register owners have reviewed and updated their risk mitigations and agreed new review dates. Overall, the Service Executive Board is duly satisfied with the adequacy of the risk mitigation progress.

3. **CORPORATE RISKS ADDED SINCE THE LAST REPORT TO THE COMMITTEE**

3.1. Executive Board considered the following risks and made decisions on appropriate risk register inclusion:

April 2024: **CR082 Inability to provide and maintain safe Academy Breathing Apparatus (BA) training facilities.**

3.2. Rationale for escalation from the Health & Safety thematic and Academy risk registers: On 4 April 2024, Contingency Response Team (CRT) was stood up following the Health & Safety Manager's notification of risk to life at Academy BA training facilities. This is a training facility asset at the end of its useful life requiring an increasingly disproportionate sum to be spent on repairs which are needed on a regular basis. The installation of a new concrete floor included material that is not suitable for hot fire training and 'blows' regularly.

- 3.3. There has been a significant increase in level two safety events also in recent months. CRT meetings are to continue to ensure that the risk is fully assessed, mitigating actions agreed and implemented to ensure safe delivery of training in the short to medium term and a long term solution determined and enacted.
- 3.4. Executive Board agreed to set up an Occurrence Review Group which will commence once CRT has concluded, to learn lessons, drive continuous improvement and recommend implementation of corrective actions to prevent the need for similar reactive, rapid escalation of risk in the future.
- 3.5. The Academy, Health & Safety and Estates are working together to assess the level of risk to life and to identify additional control measures that mitigate the risk to a tolerable level as a matter of urgency. The installation of appropriate temperature gauges to keep Breathing Apparatus instructors and staff safe during hot fire training has been completed with recalibration of equipment to ensure accurate readings.
- 3.6. Further to submission of a reporting of injuries, diseases and dangerous occurrences report related to heat induced injury, the Health and Safety Executive (HSE) undertook a site visit on 10 June 2024 to review the safety event investigation, Academy BA facilities and interview staff who were involved in the safety event on 11 May 2024. The HSE reported that whilst the following items are not material breaches, they recommended that the Service agrees an action plan by 19 July 2024 to address the following matters:
- Near miss reporting
 - Instructor resource
 - Monitoring of course attendees
 - First aid provision
 - Cooling
- 3.7. CRT continue to meet to monitor risk mitigation. Devon Audit Partnership has been commissioned to undertake an independent review of the Academy training facility; their scope includes:
- The recent health and safety incidents that have occurred, in particular with the use of the hot villa.
 - A review of health and safety and any other relevant policies and procedures that determine the health and safety protocols in place.
 - A walk-through of the relevant procedures from the health and safety policy and other relevant policies to understand how these agreed procedures are put into practice.
 - Broader aspects linked to safety events, which could be (but not limited to) managerial oversight, culture, routine inspections, maintenance regimes, facilities, equipment and people.

June 2024: **CR086 (FER020) Lack of suitable workshop facilities and pits at Barnstaple and Crownhill Fire Stations.**

- 3.8. Rationale for escalation from the Health & Safety thematic and Fleet and Equipment risk registers: There is a lack of physical space at both Barnstaple and Crownhill workshops and the inspection pits at those sites are known to be insufficient in length for the activities undertaken. These issues are also documented in the Health & Safety Team's Worksite/Premises Audits 2022/23 Final Report as failing to meet the required standards to comply with several areas regulated under health and safety legislation. There are localised controls in place but there is insufficient means of escape (two routes) on all pits and therefore the inspection pits are not fit for purpose.
- 3.9. Alternative premises (external) which are fit for purpose are being identified. Stopping use of the facilities and pits for fleet maintenance activities at these sites would mean risk to meeting Driving Standards Vehicle Agency (DSVA) legislative and National Fire Chief Council (NFCC) transport operating group (TOG) best practice requirements and the Service's service level agreements.
4. **RISKS DELEGATED TO LOCAL RISK REGISTERS**
- 4.1. The following two risks have been delegated to local risk registers now that they have been mitigated within a tolerable risk level.
- 4.2. February 2024: CR084 Digital capability at risk due to lack of clarity of future digital direction. On 12 December 2023 the Executive Board (EB) received a future digital, data and technology presentation which they approved. The EB risk owner recommended that the risk was de-escalated to the Data, Digital and Technology (DDaT) risk register. This risk has been on the corporate register for 12 months.
- 4.3. March 2024: CR062 Failure to operate an effective Information Governance framework; The Devon Audit Partnership audit report on the Information Governance Framework published in February 2024, provided a reasonable assurance audit opinion on the system of governance, risk management and control in place. Actions have been agreed to address the areas of limited assurance highlighted within the report. The EB risk owner's recommendation was that the risk was de-escalated to the DDaT risk register. This risk has been on the corporate register for 43 months.
- 4.4. March 2024: CR070 (SSC002) Failure to operate an effective risk assessment framework; The Health and Safety team and the risk assessment owners have continued to work to reduce the total number of overdue RA2 risk assessments. The key performance indicator reduced and is maintained within the acceptable tolerance AT the Service Leadership Team meeting on 13 March 2024 they agreed to close the risk as the control measure is operating as expected.

5. **BUSINESS CONTINUITY**

- 5.1. Since the previous report, strategic and tactical debrief sessions have been completed and lessons learnt captured. Business continuity planning continues to ensure that the Service complies with the Civil Contingences Act 2004 (CCA) that places a duty upon the Service as a category one responder, to ensure that activities are maintained to deliver core services in adverse conditions.
- 5.2. The Business Continuity Institute have updated their Good Practice Guidelines. There are six professional practices (PP) in the guidelines. The Service's business continuity management system is established through policy, framework and strategy. The next PP is analysis and involves completing Business Impact Analysis (BIA) for every department and Service Delivery. The BIA is the process by which you understand the impact of an interruption on business activities over time. The process gathers information about the minimum level of resources necessary for the Service to achieve the prioritised recovery of critical activities/departments/stations and their dependencies.
- 5.3. On 20 February 2024, the Service undertook a review of Cyber Risk Management Practice by conducting a cyber-breach response simulation to test adequacy of the Incident Response Team and understand the practical process that would follow in the event of a real word cyber incident. Cyber incidents require teamwork and collaboration, it is not down to one person or one team to resolve the matter, but hard work and support from all to ensure the Service is protected and continues to operate an effective cyber control framework. The outcome identified a good level of effectiveness with current plans and areas of improvement identified.
- 5.4. Cyber awareness and a business continuity session has been delivered to middle managers at the three Leading Conversations events in May 2024. These included a business continuity induction and training on what to do if we have no systems for a sustained period.
- 5.5. On 20 March 2024, the Extended Leadership Team attended a Contingency Response Team (CRT) Industrial Action preparedness meeting where updates on the national picture and the Minimum Service Level Act were shared. The Act has cleared the House of Commons and now progressed to the House of Lords.
- 5.6. Work has commenced in preparing the Service for the introduction of Minimum Service Levels. An audit carried out by Lee Howell, reported partial assurance. A policy and procedure are currently being developed along with a method of identifying which resources will be required.
- 5.7. The Unison pay claim has been submitted and, if accepted, will be backdated to 1 April 2024. The Fire Brigade Union pay claim is due 1 July 2024 and to date no claim has been received.
- 5.8. Station level business continuity plans have been developed and comply with Health and Safety legislation requirements to include emergency plans; drafts are currently being reviewed by Service Delivery before publication.

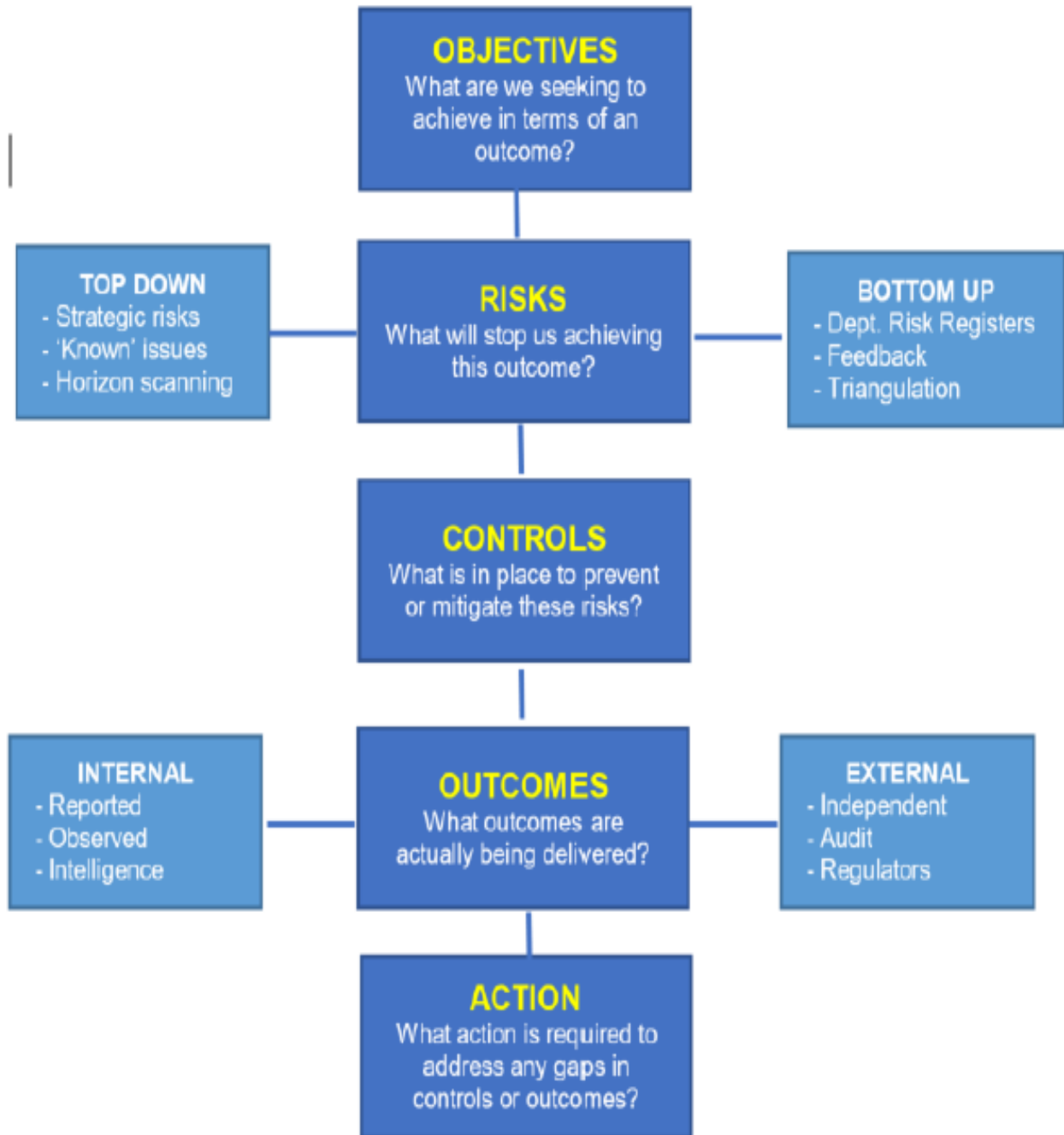
5.9. During business continuity awareness week, posts were shared on Viva Engage and the Service took part in an extreme heat scenario exercise run by South Yorkshire.

6. **NEXT STEPS**

6.1 The Corporate risk register will continue to be subject to monthly review by the Service Executive Board. The next formal review of the corporate risk register by the Committee is due to take place in six months' time.

MARIA PHILLIPS
Assistant Director, Corporate Services

Risk Management Framework



This page is intentionally left blank

Agenda Item 8

REPORT REFERENCE NO.	AGC/24/14
MEETING	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	GOING CONCERN REVIEW
LEAD OFFICER	TREASURER
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	<p>The Authority's External Auditor has requested a formal response from management over the ability of the Authority to continue as a going concern.</p> <p>This report contains a review of the financial position as at 31 March 2024 alongside an assessment of the ability of the Authority to continue operating for the foreseeable future.</p>
RESOURCE IMPLICATIONS	As indicated within this report.
EQUALITY RISKS AND BENEFITS ANALYSIS	N/A
APPENDICES	None
BACKGROUND PAPERS	Medium Term Financial Plan 2024-25 to 2027-28

1. INTRODUCTION AND BACKGROUND

- 1.1. Under International Audit Standards auditors are required to “obtain sufficient appropriate audit evidence regarding, and conclude on, the appropriateness of management's use of the going concern basis of accounting in the preparation of the financial statements”, and to conclude, based on the audit evidence obtained, whether a material uncertainty exists about the entity's ability to continue as a going concern.
- 1.2. This report is the latest report made to the Audit and Governance Committee and will consider the Authority’s ability to continue as a “Going Concern” i.e. to deliver its functions and services for the foreseeable future, particularly focussing on the 12-month period following the Statement of Accounts balance sheet date of 31 March 2024.
- 1.3. The sustained period of Austerity since 2010 and resulting reductions to funding across Local Government now pose a significant threat to public sector organisations. As a consequence, the External Auditors, Bishop Fleming LLP, will be placing greater emphasis on the Authority’s ability to continue as a Going Concern. There have also been several high-profile cases of Local Authorities struggling to meet their financial and service delivery obligations which makes the ability to continue as a Going Concern of greater relevance. The COVID-19 Pandemic has had a significant impact on public sector finances and the Authority as a whole. This is covered in more detail below.

2. GOING CONCERN REVIEW

- 2.1. This report will consider the following factors which underpin the Authority’s ability to operate as a going concern:
 - (a) The current financial position;
 - (b) The projected financial position;
 - (c) The balance sheet and Cash Flow;
 - (d) Governance Arrangements; and
 - (e) The regulatory and control environment.
- 2.2. Each of these elements will be considered in greater detail in the following sections.

3. THE CURRENT FINANCIAL POSITION

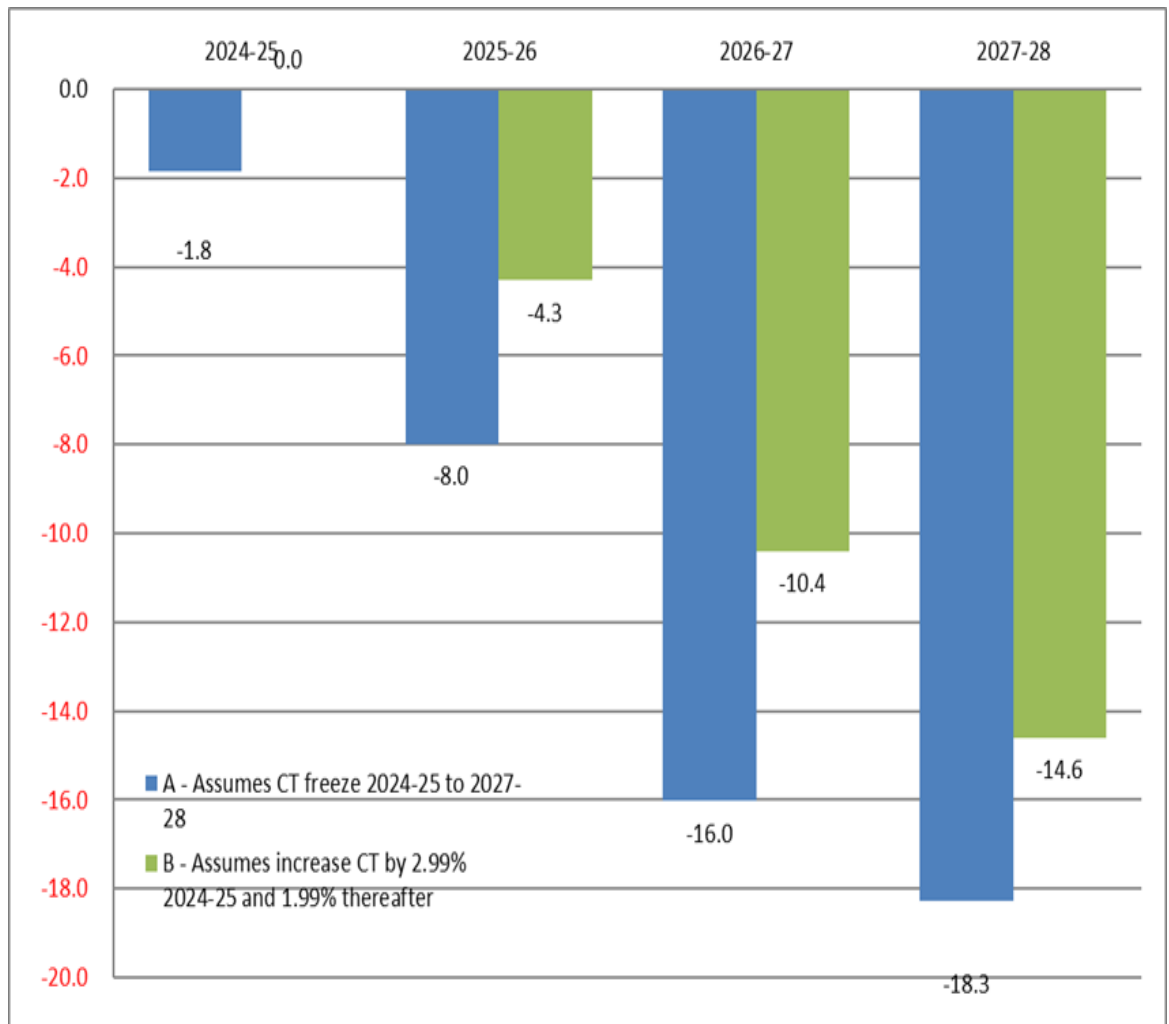
- 3.1. Total revenue spending in 2023-24 £80.438m compared to an agreed budget of £85.413m, resulting in an underspend of £4.975m, equivalent to 5.8% of total budget. This underspend enables the Authority to ensure the Service is able to invest in the future for; new computer systems and to replenish the Capital Reserve. A review of the reserves held was also undertaken with balances being increased where they were felt to be too low which included increasing the general fund balance to ensure the balance matched 5% of the 2024-25 net revenue budget.

- 3.2. The Authority has previously consistently delivered underspends against the revenue budget and has therefore built-up earmarked reserves of £21.554m and general reserves of £4.631m as at 31 March 2024. The strategy for use of those reserves and adequacy of the general fund is outlined in the Authority's Reserves Strategy which was reviewed and approved by the Authority on 10 June 2024.
- 3.3. The Authority has set a balanced budget for 2023-24 of £92.963m with £0.255m planned use of reserves in respect of grants received in advance of need. The revenue budget for 2024-25 was agreed by the Authority on 16 February 2024 using the latest intelligence available to the Service which included an anticipated pay award of 5% across the board. Since that date, the pay award for grey book staff (Firefighters) has been agreed at 4% with the green book staff pay award still being negotiated.
- 3.4. The Authority's main sources of funding are Council Tax and Business Rates income and central government grant funding. Levels of funding are agreed and set as part of the budget setting process which offers a guarantee that the income will be received for 2024-25. Any adjustments to Council Tax and Business Rates income are made via the collection fund budgeting process so will impact on future years.
- 3.5. Because there is surety of funding from billing authorities and central government, the main area of risk to the short-term financial position of the Authority is its ability to control expenditure. There are robust financial monitoring processes in place to review spend against budget, with reports presented monthly to the Executive Board and quarterly to the Resources Committee.

4. THE PROJECTED FINANCIAL POSITION

Revenue budgets

- 4.1. As outlined above, the predicted financial position for 2024-25 as year-end is for spend to be within the revenue budget. Expenditure from reserves is anticipated to be £7.5m within the financial year with projected balances of circa £13.9m at year-end.
- 4.2. In considering its annual budget requirement, the Authority reviews the Medium-Term Financial Plan (MTFP). In February 2024, a potential funding gap of between £14.6m and £18.3m was identified as shown in the chart overleaf. In order to close the funding gap, significant savings have been identified, the Authority's change programme, has been tasked with changing the shift patterns, the method of paying on-call colleagues, a review of the Specialist Rescue Tams and attendance at unwanted fire signals (false alarms).



- 4.3. The Authority has published its Medium-Term Financial Plan, which articulates the basis of the forecast, funding scenarios and the assumptions made and covers the five-year period to 2026-27.
- 4.4. The Authority were permitted to increase the Precept by up to 2.99% (£2.89 for a Band D property) for 2024-25. This is a reduction from £5 increase permitted for 2023-24.
- 4.5. Inflation appears to be settling down. The 2024-25 revenue budget was built with an assumption of 2% inflation for non-payroll items and 5% for payroll. The Consumer Price Index (CPI) increase has seen a steady reduction from a high in October 2022 of 11.1% to the figure for May 2024 of 2%.

Capital Budgets

- 4.6. Capital Budgets are set annually by the Authority as part of the budget setting process and are published alongside an indicative programme for the following three financial years. Funding requirements are identified as part of that planning cycle and for 2024-25 consist of a Revenue Contribution of £0.719m, Application of Existing Borrowing of £1.382m, a grant associated with the Public Sector Decarbonisation Scheme of £0.429m and use of Earmarked Reserves of £4.716m.

- 4.7. In considering the Capital Programme over a longer time period, an earmarked reserve of £6.4m is anticipated to be available for 2025-26 and beyond. However, the need to progress assets following a pause in replacement means that the Authority may need to borrow in 2026-27. There is sufficient funding to support capital expenditure in the short term with a need to rationalise assets if the programme is to be accelerated.
- 4.8. The long-term strategy of the Authority is to fully support the Capital programme through Revenue Contributions. This has been partially reinstated (0.669m) for 2024-25 with a view of full reinstatement for 2025-26 of £2.0m.

5. **THE BALANCE SHEET AND CASH FLOW**

Balance Sheet Review

- 5.1. The draft unaudited Financial Statements of the Authority for year ending 2023-24 have been published on the website. They show a balance sheet deficit of £473.9m including a pension scheme deficit of £605.7m which must be included under accounting rules. Were the pension scheme deficit to be excluded, net assets of £131.7m would be reported, representing a small increase of £3.5m over 2022-23.
- 5.2. Useable reserves were £26.2m as at 31 March 2024, a decrease of £0.9m since 2022-23. Reserves expenditure was on target with the plan for the year.
- 5.3. In order to determine and reach the conclusion that the Balance Sheet is robust specific areas of consideration were identified and reviewed, which were:
- Debts owed to the Authority;
 - Net worth of the Authority;
 - Adequacy of provisions held;
 - Reserves set aside – either earmarked or not and whether actually committed; and
 - The adequacy of the General Fund Balance to meet unforeseen expenditure.

Cash Flow

- 5.4. Financial Assets (excluding debtors) of the Authority were £23.1m as at 31 March 2024 (a decrease of £6.9m since 2022-23) and are held as a mixture of short and long term investments. Income from central government and billing authorities is received throughout the year which enables robust forecasting of cash flow.
- 5.5. Cash flow is reviewed by officers on a daily basis so any risks can be identified and mitigated. In 2023-24 there were no instances where the bank accounts were overdrawn. Attentionally, the Service did not require to undertake any short-term borrowing during 2023-24.

- 5.6. The Cash Flow forecast for the next 12 months has been reviewed. A continued healthy cash position is anticipated given the profile of income, revenue and reserves expenditure.

6. GOVERNANCE ARRANGEMENTS

- 6.1. Included within the agenda for this meeting (report AGC/24/12) is the draft Annual Statement of Assurance which makes up part of the suite of year end reporting. The Annual Statement of Assurance is reviewed taking account of external and internal audit reviews. Statements of assurance in the performance of internal controls and risk are sought from the management. The effectiveness of the Authority's governance arrangements are reviewed annually together with the evidence to support it and then presented to the Audit and Governance Committee.
- 6.2. Whilst it is not possible to secure absolute assurance, the annual review of the statement and assurance reports received during the year offers evidence arrangements are fit for purpose and effective.

7. THE REGULATORY AND CONTROL ENVIRONMENT

- 7.1. The Authority is required to operate within a highly legislated and controlled environment and particular emphasis of this can be exemplified and demonstrated with the financial controls in place. Examples of controls include the requirement of the Full Authority to approve a balanced annual budget, but within that to consider and have regard via assurance from the Treasurer as to the robustness of the budget, its estimates and the adequacy of reserves held.
- 7.2. The control environment is supported by the role of External Audit in auditing of the financial statements, the review of value for money and financial resilience. Further detail on the control environment of the Authority is available in the Annual Statement of Assurance elsewhere on this agenda (report AGC/24/12 refers).
- 7.3. The Service is also subject to a new inspection regime by Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services, the latest inspection was undertaken during quarter 2 2021. The inspection report made reference to the performance of the Service in three areas: Effectiveness, Efficiency and People. The resulting improvement plan will be incorporated into the Authority's performance management reporting.

8. CONCLUSION

- 8.1. The Authority operates within a robust control environment which can be evidenced by review of its assurance arrangements such as External and Internal Audit processes, neither of which have identified any significant issues in the past year.

- 8.2. In addition to backwards looking assurance, financial and operational monitoring processes are in place to mitigate risks within the financial year and are regularly reported to management and those charged with governance.
- 8.3. In reviewing the financial indicators contained within this report and planning assumptions regarding the Medium-Term Financial Plan, Cash Flow and Reserves Strategy there is a high level of confidence that the Authority will be able to continue as a going concern for the foreseeable future.

ANDREW FURBEAR
Treasurer

This page is intentionally left blank

Agenda Item 9

REPORT REFERENCE NO.	AGC/24/15
MEETING	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	ANNUAL REVIEW OF AUTHORITY STANDARDS ARRANGEMENTS
LEAD OFFICER	Monitoring Officer & Clerk to the Authority
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	<p>This paper identifies the Standards arrangements adopted by the Authority to secure compliance with the legislative provisions of the Localism Act 2011 and associated Regulations.</p> <p>It also provides an overview of operation of the regime during the last (2022-23) financial year.</p>
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ANALYSIS	Not applicable.
APPENDICES	None.
BACKGROUND PAPERS	<p>The Localism Act 2011 (the Act)</p> <p>The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 (the Regulations)</p>

1. GENERAL INTRODUCTION

- 1.1. This report represents the second annual report on the Authority's Standards regime in accordance with the provisions of the Localism Act 2011 and associated regulations and the operation of the regime during the last (2021-22) financial year.

2. LEGISLATIVE BACKGROUND

- 2.1. The Localism Act 2011 introduced a new ethical standards regime for all local authorities. The former regime under the Local Government Act 2000 provided, amongst other things, for a Model Code of Conduct which applied across all authorities together with an independent external body – the Standards Board for England – which administered arrangements for dealing with complaints that Members had failed to follow the Code of Conduct. The Standards Board for England was able, in cases where breaches of the Model Code were established, to impose a range of sanctions up to and including suspensions.
- 2.2. The Localism Act 2011 (“the Act”) saw the old regime completely abolished, with local authorities placed under a duty to promote and maintain high standards of conduct by Members and co-opted members of the authority (section 27) and in so doing to:
- adopt a code dealing with the conduct expected of authority Members and co-opted members when acting in that capacity (Section 27(2) of the Act);
 - ensure that the code so adopted is, when viewed as a whole, consistent with the seven “Nolan” principles of public life (Section 28(1));
 - include provision in the code of registering and disclosing pecuniary and other interests (Section 28(2));
 - have in place arrangements to investigate and make decisions on allegations of breaches of the code of conduct adopted (Section 28(6));
 - appoint one or more “independent persons” whose views:
 - must be taken into account by the authority before it makes a decision on an allegation which has been investigated (Section 28(7)(a)); and
 - may be sought by the authority in other circumstances (to be determined by the authority in question) and by a Member or co-opted member subject to an allegation (Section 28(7)(b));
 - maintain and publish on its website a register detailing for each Member and co-opted member (including the spouse or civil partner of the Member or co-opted Member or anyone with whom the Member or co-opted member is living either as husband or wife or as if they were civil partners) a register of disclosable pecuniary interests and any other interests as determined by the authority (Sections 29 and 30).

- 2.3. Section 31 of the Act requires all Members and co-opted members with a disclosable pecuniary interest to declare this interest at meetings when matters where the interest exists are being discussed and not to participate in the debate or vote on such matters. The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 (“the Regulations”), made under Section 30 of the Act, identifies disclosable pecuniary interests that must be both registered and declared at meetings. Section 34 of the Act makes failure to register and/or declare a disclosable pecuniary interest an offence which may only be instituted by the Director of Public Prosecutions and which is punishable, on summary conviction, of a fine not exceeding level 5 on the standard scale (£5,000 if offence committed before 13 March 2015 but unlimited after this date).
- 2.4. The Act removed the ability for Members to be suspended or disqualified for proven breaches of the code of conduct. Consequently, sanctions currently available to local authorities (including this Authority) include public censure, apology, training, removal from committee and/or outside body responsibilities and withdrawal of access to facilities and resources.
- 2.5. Other than the requirements of Section 28, there are no prescriptions in the Act either in relation to the contents of the code of conduct to be adopted by an authority or the nature of arrangements for dealing with allegations of non-compliance with the code.

3. APPLICATION TO THIS AUTHORITY

- 3.1. As required by the Act, this Authority initially adopted a Code of Conduct and procedures for dealing with alleged breaches of the Code in July 2012. These have undergone a number of revisions over the years, informed by practical experience in dealing with complaints and by external reports such as the report on local government ethical standards published in 2019 by the Committee on Standards in Public Life.

Code of Conduct

- 3.2. The Authority’s current Code of Conduct is published both on the website and the Service intranet. Since initial publication, revisions have included:
- (a). in June 2019, to include revisions reflecting two of the best practice recommendations for local authorities made by the Committee on Standards in Public Life following its review of local government ethical standards. It should be noted here that the current Code now aligns fully with the best practice recommendations for local authorities as set out in the Committee on Standards in Public Life report;
 - (b). in June 2021. This was largely a reformatting exercise to align the Code with the Model Code issued by the Local Government Association. In this respect, it should be noted that
 - production of a Model Code by the Local Government Association was a specific recommendation by the Committee on Standards in Public Life; and

- there is no obligation to adopt the LGA Model Code. The Localism Act still provides that it is for individual authorities to determine their own Code of Conduct. The LGA Model Code is, however, considered a de minimis best practice Code. The current Authority Code contains all the features of the LGA Model Code, adapted and expanded as required to fit the Authority's current processes and Standards requirements; and
- (c). in December 2021, to reflect a change in wording for the descriptor on the Leadership principle of the Nolan principles, to emphasise treating others with respect, as recommended by the Committee on Standards in Public Life.

Complaints Procedure

- 3.3. A guide on [how to make a complaint](#), together with [guidance on how complaints are handled](#), are published on the website.
- 3.4. The complaints procedure was subject to significant review in 2019, informed by previous experience in complaints processed, constituent authority practices and procedures and recommendations contained in the Committee on Standards in Public Life report.

4. OPERATION OF THE STANDARDS REGIME FOR THE 2023-24 FINANCIAL YEAR

- 4.1. The Committee on Standards in Public Life published its report on local government ethical standards in 2019. This report contained some 26 recommendations for improvements, the majority of which would require government intervention, together with fifteen best practice recommendations for local authorities. The Authority's Code of Conduct now complies fully with the best practice recommendations and the LGA Model Code (production of which was, itself, a recommendation by the Committee on Standards in Public Life).
- 4.2. Recommendation 15 of the Committee on Standards in Public Life review of local government ethical standards proposed that the Local Government Transparency Code should be amended to require local authorities to publish, annually, details on the number of Code of Conduct complaints received, what the complaints broadly relate to, the outcome of the complaints and any sanctions applied.
- 4.3. In its response to the recommendations, the government indicated that it feels this is better addressed by the sector adopting such annual reporting as a matter of best practice.
- 4.4. Consequently, this report identifies the current regime operated by the Authority and provides an overview of its operation during the 2023-24 financial year.

Code of Conduct Complaints

- 4.5. Historically, the Authority has not received nor had to process a significant number of complaints relating to alleged breaches of the Code of Conduct.

- 4.6. It is pleasing to note that, for the 2023-24 financial year, no complaints were received.

Registration of Interests

- 4.7. The Act requires that Members register those disclosable pecuniary interests as per the Regulations and any other registerable interests as may be specified by the Authority within 28 days of appointment to the Authority. The Act also requires that such Registrations are made publicly available.
- 4.8. At the time of producing this report, Registers of Interest have been published for each Member currently serving on the Authority. Annual reminders are also issued to all serving Members to ensure that their published Register of Interests is up to date. It should be noted, however, that – while there is a requirement to publish the Registers of Interest – the onus is on individual Members to ensure that all registerable interests are duly recorded and to notify the relevant officer of any change in interests so published as soon as the Member becomes aware of the change.
- 4.9. In addition to the published Register of Interests, all Members are required to declare relevant interests in items that may be under discussion at meetings attended. Such interests, when declared, are recorded in the Minutes of the meeting which are published on the website.

5. CONCLUSION

- 5.1. The Authority has in place a robust Code of Conduct and procedures for dealing with alleged breaches. These are fully compliant with the provisions of the Localism Act 2011 and – where practicable/legal – the recommendations stemming from the Committee on Standards in Public Life report on local government ethical standards.
- 5.2. The Code and associated procedures are kept under constant review. Any changes as may be required will be reported to the Authority at the earliest opportunity.
- 5.3. Code requirements also feature as part of the induction programme for all Authority Members.
- 5.4. Historically, the Authority has not dealt with many complaints and it is pleasing to note that no complaints were submitted for the last financial year.
- 5.5. It remains the case, however, that the duty to promote and maintain high standards of conduct rests with the Authority, collectively and at an individual Member level. The arrangements currently in place are considered robust, proportionate and appropriate to enable the Authority to fully discharge this duty.

SAMANTHA SHARMAN
Monitoring Officer & Clerk to the Authority

This page is intentionally left blank

REPORT REFERENCE NO.	AGC/24/16
MEETING	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	HIS MAJESTY'S INSPECTORATE OF CONSTABULARY & FIRE & RESCUE SERVICES (HMICFRS) AREAS FOR IMPROVEMENT ACTION PLAN UPDATE
LEAD OFFICER	Chief Fire Officer
RECOMMENDATIONS	<i>That the Committee reviews progress in delivery of the action plan.</i>
EXECUTIVE SUMMARY	<p>On Wednesday 27th July 2022 HMICFRS published the DSFRS 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs). Of these AFIs, three have been linked to the Audit and Governance Committee.</p> <p>The paper appended to this report outlines the progress that has been made against the HMICFRS Areas for Improvement action plan since the last update in March 2024. The key highlights are that:</p> <ul style="list-style-type: none"> • 1 Area for Improvement, HMI-2.2-202207b (Response – Technology and Innovation), has now been marked as completed and will be reviewed by the Governance Board on 10/07/2024.
RESOURCE IMPLICATIONS	Considered within the Action Plan where appropriate.
EQUALITY RISKS AND BENEFITS ANALYSIS	Considered within the Action Plan where appropriate.
APPENDICES	None
BACKGROUND PAPERS	None

1. INTRODUCTION

- 1.1. On Wednesday 27th July 2022 HMICFRS published the DSFRS 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs).
- 1.2. This report provides an update on the Areas For Improvement action plan that has been produced following the inspection, which concluded in October 2021.

2. AREAS FOR IMPROVEMENT ACTION PLAN COMPLETION STATUS

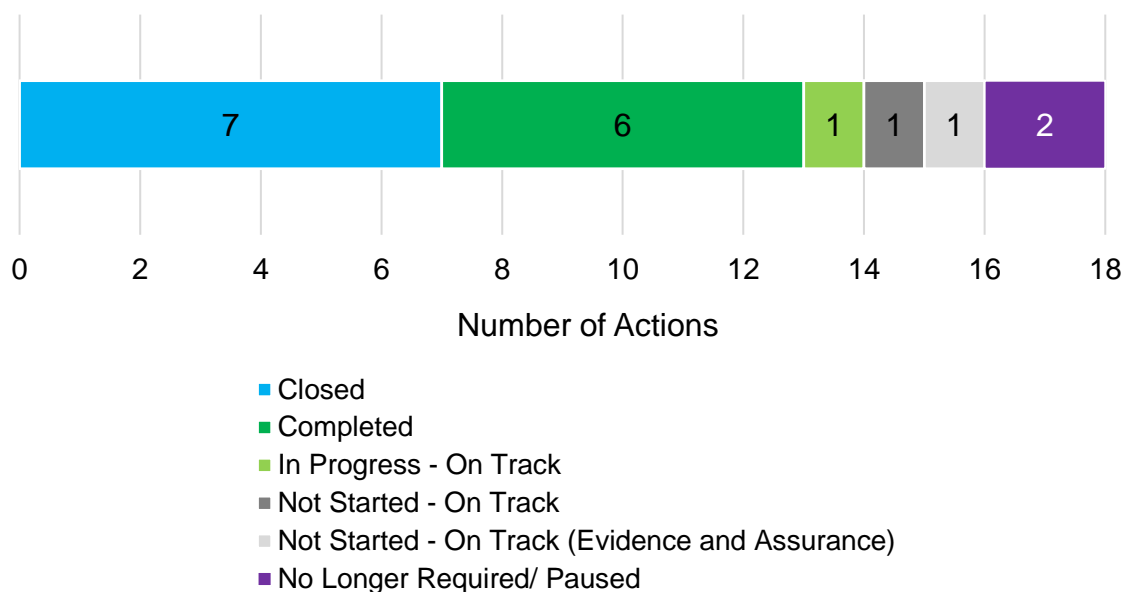
- 2.1 As a result of discussions at the previous Audit and Governance Committee meeting in January 2024, HMI-1.3-202205 (Quality Assurance of Audits and Fire Safety Checks) will be reported to the Community Safety Committee.
- 2.2 Table 1 lists the Areas For Improvement linked to the Audit and Governance Committee and their individual implementation status.

Table 1:

Reference	Description	Target Completion	Status
HMI-1.1-202202	The service should make sure its integrated risk management plan includes clear outcomes that show the public how it is currently mitigating risk.	31/01/2024	Closed
HMI-2.2-202207a	Prevention and Protection – The service should be aware of, and invest in, developments in technology and future innovation to help improve and sustain operational efficiency and effectiveness.	30/04/2025	In Progress – On Track
HMI-2.2-202207b	Response – The service should be aware of, and invest in, developments in technology and future innovation to help improve and sustain operational efficiency and effectiveness.	31/10/2023 31/07/2024	Completed

- 2.3 Figure 1 overleaf outlines the completion status of all actions designed to address the Areas for Improvement linked to the Audit and Governance Committee, as outlined above.

Figure 1: Audit and Governance Committee Action Status - July 2024



2.4 Table 2 below outlines the completion status of all actions designed to address the Areas for Improvement linked to the Audit and Governance Committee.

Table 2: Summary of progress against the individual actions						
Areas For Improvement (Audit and Governance Committee)						
Not started (on track)	Not started (off track)	In progress (on track)	In progress (off track)	Completed	Closed	No Longer Required
2 (↓ from 4)	0 (→ at 0)	1 (↓ from 4)	0 (↓ from 2)	6 (↑ from 3)	7 (↑ from 5)	2 (↑ from 0)

* Please note that one of the actions which has not yet started is the evidence and assurance required once all other actions have been completed.

3. ACTIONS MARKED AS ‘NO LONGER REQUIRED’

3.1. Two actions under Area for Improvement HMI-2.2-202207b (Response – Technology and Innovation) have been marked as ‘no longer required’ since the last update to the committee.

3.2. This was as a result of an action review in April 2024 where it was established that the two actions did not directly support achievement of the required outcome from HMICFRS.

3.3. Further work on the two actions will continue to progress but will be monitored as part of department business as usual.

4. AREAS FOR IMPROVEMENT DEADLINE EXTENSIONS

4.1. Table 3 below outlines the areas for improvement, number of deadline extensions, total extension length and current target completion date.

Table 3:

Title	Number of Extensions	Total Extension Length (months)	Target Completion Date
IRMP Mitigating Risk	0	0	31/01/2024
Prevention and Protection – Technology and Future Innovation	0	0	30/04/2025
Response – Technology and Future Innovation	1	9	31/10/2023 31/07/2024

4.2. There have been no additional deadline extensions since the last report to the committee in March 2024.

GAVIN ELLIS
Chief Fire Officer